2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2009
Secretary of State

DOCUMENT# P04000138065

Entity Name: ANNIE MAIDS, CORP.

Current Principal Place of Business:

2645 EXECUTIVE PARK DR. #150
WESTON, FL 33331

New Principal Place of Business:

2645 EXECUTIVE PARK DR. # 506
WESTON, FL 33331

Current Mailing Address:

2645 EXECUTIVE PARK DR. #150
WESTON, FL 33331

New Mailing Address:

2645 EXECUTIVE PARK DR. # 506
WESTON, FL 33331

FEI Number: 20-1683725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALINDEZ, WILLIAN
2645 EXECUTIVE PARK DR. #150
WESTON, FL 33331 US

Name and Address of New Registered Agent:

GALINDEZ, ANNIE
2645 EXECUTIVE PARK DR. # 506
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANNIE GALINDEZ 10/21/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GALINDEZ, ANNIE
Address: 2645 EXECUTIVE PARK DR. #150
City-St-Zip: WESTON, FL 33331

Title: VD ( ) Delete
Name: URBAN, TRACIE
Address: 3774 EAST HIBISCUS STREET
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE GALINDEZ PD 10/21/2009
Electronic Signature of Signing Officer or Director Date