

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000166311

Entity Name: MAYTE PRIDA FOUNDATION, INC.

FILED
Oct 11, 2005
Secretary of State

Current Principal Place of Business:

2300 S MIAMI AVE
MIAMI, FL 33129

New Principal Place of Business:

4000 TOWERSIDE TERRACE
2009
MIAMI SPRINGS, FL 33138

Current Mailing Address:

2300 S MIAMI AVE
MIAMI, FL 33129

New Mailing Address:

PO BOX 310503
MIAMI, FL 33231

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIDA, MAYTE
2300 S MIAMI AVE
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

PRIDA, MAYTE
4000 TOWERSIDE TERRACE
2009
MIAMI SPRINGS, FL 33138 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: MAYTE PRIDA

10/11/2005

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: DP () Delete
Name: PRIDA, MAYTE
Address: 2300 S MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: DV () Delete
Name: FLOYD, PHIL
Address: 702 CAMILO AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: DT () Delete
Name: PRIDA, MARIA T
Address: 2300 S MIAMI AVE
City-St-Zip: MIAMI, FL 33129

Title: DS () Delete
Name: LEVITAN, AIDA
Address: 445 GRAN BAY DR APT 501
City-St-Zip: KEY BISCAYNE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PRIDA, MAYTE
Address: 4000 TOWERSIDE TERRACE #2009
City-St-Zip: MIAMI SPRINGS, FL 33138

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

Title: DT (X) Change () Addition
Name: PRIDA, MARIA T
Address: 1111 BEICKELL BAY DR
City-St-Zip: MIAMI, FL 33131

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAYTE PRIDA

DP

10/11/2005

Electronic Signature of Signing Officer or Director

Date