## 2006 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000173306

Title:

Name:

Address:

City-St-Zip:

S/T

(X) Delete

ST. PETERSBURG, FL 33716 US

DEL POZO, MARCELO A

11901 4TH ST NORTH #1210

Entity Name: ACCU-RATE INVESTMENT SPECIALISTS, INC

FILED Nov 14, 2006 Secretary of State

•			,				
Current Principal Place of Business:				New Principal Place of Business:			
2604 HIDE STE D	DEN LAKE DRI	VE NORTH		1717 2ND : STE F1	STREET		
SARASOT	A, FL 34237	US		SARASOT	A, FL 34236	US	
Current Mailing Address:				New Mailing Address:			
2604 HIDDEN LAKE DRIVE NORTH STE D				1717 2ND 8	STREET		
	A, FL 34237	US			A, FL 34236	US	
FEI Number	: 20-2080280	FEI Number Applied For ( )	FEI Nur	nber Not Appl	icable ( )	Certificate of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
8804 HUN	TOS, AUDREY TINGTON POII A, FL 34238						
	named entity s e of Florida.	submits this statement for the p	urpose c	f changing i	ts registered o	office or registered age	nt, or both,
SIGNATU	RE: AUDREY	BARRIENTOS					
	Electron	ic Signature of Registered Age	ent	Date			
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BARRIENTOS,	TON POINTE DRIVE		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DEL POZO, MA 11901 4TH ST N			Title: Name: Address: City-St-Zip:	BARRIENTOS,	TON POINTE DRIVE	
Title: Name: Address: City-St-Zip:	BARRIENTOS,	TON POINTE DRIVE		Title: Name: Address: City-St-Zip:	(	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: AUDREY BARRIENTOS P 11/14/2006

() Change () Addition