2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# P05000009907

Entity Name: VIRTUAL WEB CONSULTANTS, INC.

Current Principal Place of Business:

2393 S. CONGRESS AVENUE
SUITE 200
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

5539 ALBIN DRIVE
GREENACRES, FL 33463 US

Current Mailing Address:

2393 S. CONGRESS AVENUE
SUITE 200
WEST PALM BEACH, FL 33406 US

New Mailing Address:

5539 ALBIN DRIVE
GREENACRES, FL 33463 US

FEI Number: 20-2189771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BELEN, CARMEN M MRS.
5539 ALBIN DRIVE
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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: CARMEN M BELEN
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: P ( ) Delete
Name: BELEN, LUIS
Address: 5539 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463 US

Title: V ( ) Delete
Name: BELEN, CARMEN
Address: 5539 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463 US

Title: S ( ) Delete
Name: BELEN, LUIS
Address: 5539 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463 US

Title: T ( ) Delete
Name: BELEN, CARMEN
Address: 5539 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: BELEN, CARMEN
Address: 5539 ALBIN DRIVE
City-St-Zip: GREENACRES, FL 33463 US

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: CARMEN BELEN VP 02/19/2009
Electronic Signature of Signing Officer or Director Date