2006 FOR PROFIT CORPORATION REINSTATEMENT

REINST	ATEMENT		
DOCUMENT # P0500001	OCUMENT # P05000011448		FILED
Entity Name AW OFFICES OF ROSENNY BURGOS, P.A.			06 NOV -9 PM 3: 05
•			
Principal Place of Business	Mailing Address	<u> </u>	SECRETATE STATE TALLAHASSEE, FLORIDA
4955 NW 199 ST.	P.O. BOX 170108	HC	IMELANAGULA
STE. 114 MIAMI, FL 33055 US	HIALEAH, FL 33017	US	
2. Principal Place of Business	3. Mailing Address		
8405 N.W. 53rd. St.	Same as pla	ace of	2
Suite, Apt. #, etc. A-107	Suite, Apt. #, etc.		ENSTATEMENT (11/05)
City & State DORAL, FL	City & State		4. FEI Number
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional
33166 U.S.A.	A Decision of Assessment		Fee Required
6. Name and Address of Curren	t Registered Agent	Name	-7 Name and Address of New Registered Agent
BURGOS, ROSENNY 4955 NW 199 ST. STE. 114 MIAMI EL 33055 The address changes as indicated above		Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI, FL 33055 as 1nd1	cacca above	City	Zip Code
The phase agend as the submite this second as the submitted this second as the submitte	in the annual of all and its		<u> </u>
the obligations of registered agent.	or the purpose of changing its r	registered onice of	r registered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE	****		
Signature, typed or printed name of registered ager	if and tale if applicable. {NOTE:	: Registered Agent sign:	nature required when reinstating) DAYE
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.	00		
		T.,	ADDITION OF THE OFFICE AND PROPERTY AND PROP
10. OFFICERS AND	Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D
NAME BURGOS, ROSENNY		NAME	P BURGOS, ROSENNY
STREET ADDRESS 4955 NW 199 ST., STE. 114 CITY-SI-ZIP MIAMI, FL 33055		STREET ADDRESS CITY ST ZIP	8405 N.W.53St.Ste.A-107,DORAL,F
TITLE	☐ Delete	THTLE	☐ Change ☐ Additio
NAME STREET ADDRESS		NAME STREET ADORESS	.,90008165682 3
CITY-SI-ZIP		CITY ST ZIP	11/09/0601029015 **750.00
TITLE	☐ Delete	illle Name	☐ Change ☐ Additio
STREET ADDRESS		STREET ADDRESS	-
CITY-ST-ZIP	П-	CIT: ST ZIP	
TITLE NAME	☐ Delete	NAME	☐ Change ☐ Additio
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP TITLE	☐ Delete	CITY-SI-ZIP	Change Additio
NAME		NAME	_ ,
STREET ADDRESS CITY-ST-ZIP	,	STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	Change Additio
NAME STREET ADDRESS		NAME STREET AUDRESS	
C11Y-S7-ZIP		CITY ST ZIP	
indicated on this report or supplemental report	is true and accurate and that m	iv sionature shall h	contained in Chapter 119, Florida Statutes. I further certify that the information 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 em changed, or on an attachment with an address	powered to execute this report a	as required by Che	apter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
(1/1/	11. 1		1 / 4
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER OF		11/6/06 Paic Daytine Phone #