

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000022918

Entity Name: ALYMAR, INC.

**FILED**  
**Jan 19, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

22406 SW 125 AVE  
MIAMI, FL 33170

## **New Principal Place of Business:**

23854 SW 107 PL  
MIAMI, FL 33032

## **Current Mailing Address:**

22406 SW 125 AVE  
MIAMI, FL 33170

## **New Mailing Address:**

23854 SW 107 PL  
MIAMI, FL 33032

FEI Number: 20-2771377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BURKE, JON W ESQUIRE  
3300 NW N RIVER DR  
MIAMI, FL 33142 US

## **Name and Address of New Registered Agent:**

LICENCIADO, ALFONSO M  
23854 SW 107 PL  
MIAMI, FL 33032 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: LICENCIADO M ALFONSO

01/19/2008

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: ALFONSO, LICENCIADO M  
Address: 22406 SW 125 AVE  
City-St-Zip: MIAMI, FL 33170

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ALFONSO, LICENCIADO M  
Address: 23854 SW 107 PL  
City-St-Zip: MIAMI, FL 33032

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: LICENCIADO M ALFONSO

PD

01/19/2008

Electronic Signature of Signing Officer or Director

Date