

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000032694

FILED
Nov 20, 2006
Secretary of State

Entity Name: EXPECT MIRACLES REAL ESTATE SOLUTIONS, INC.

Current Principal Place of Business:

8591 NW 186 ST STE 134
MIAMI, FL 33015

New Principal Place of Business:

Current Mailing Address:

8591 NW 186 ST STE 134
MIAMI, FL 33015

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILCHEZ, JENNIFER
8371 NW 24 STREET
SUNRISE, FL 33322 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: JENNIFER VILCHEZ

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: VILCHEZ, LUISA
Address: 8591 NW 186 ST STE 134
City-St-Zip: MIAMI, FL 33015

Title: V () Delete
Name: VILCHEZ, JENNIFER
Address: 8371 NW 24 STREET
City-St-Zip: SUNRISE, FL 33322

Title: ST () Delete
Name: VILCHEZ, GUSTAVI
Address: 8371 NW 24 STREET
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: VILCHEZ, LUISA
Address: 8591 NW 186 STREET STE 134
City-St-Zip: MIAMI, FL 33015

Title: ST (X) Change () Addition
Name: VILCHEZ, GUSTAVO
Address: 8371 NW 24 STREET
City-St-Zip: SUNRISE, FL 33322

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.

SIGNATURE: LUISA VILCHEZ

Electronic Signature of Signing Officer or Director

P

11/20/2006

Date