

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000081860

Entity Name: GAM WOODWORK, INC.

FILED
Sep 28, 2009
Secretary of State

Current Principal Place of Business:

13700 NW 19TH AVENUE
OPALOCKA, FL 33054

New Principal Place of Business:

13935 NW 19 AVE.
OPALOCKA, FL 33054

Current Mailing Address:

13700 NW 19TH AVENUE
OPALOCKA, FL 33054

New Mailing Address:

13935 NW 19 AVE.
OPALOCKA, FL 33054

FEI Number: 20-2955882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX DEFENSE CENTER INC
2350 W 84TH STREET
#18
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

ACCOUNTAX OFFICE SERVICES, CORP.
16772 NW 67 AVE.
MIAMI, FL 33015 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: JOSEFINA SANTOS

09/28/2009

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: ALARCON, ANTONIO
Address: 13700 NW 19 TH AVENUE
City-St-Zip: OPALOCKA, FL 33054

Title: VP () Delete
Name: ALARCON, GUILLERMO
Address: 13700 NW 19TH AVENUE
City-St-Zip: OPALOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALARCON, ANTONIO
Address: 13935 NW 19 AVE.
City-St-Zip: OPALOCKA, FL 33054

Title: VP (X) Change () Addition
Name: ALARCON, GUILLERMO
Address: 13935 NW 19 AVE.
City-St-Zip: OPALOCKA, FL 33054

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: GUILLERMO ALARCON

VP

09/28/2009

Electronic Signature of Signing Officer or Director

Date