

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000105421

FILED  
Jan 06, 2008  
Secretary of State

Entity Name: AMERICAN MIGRATION PROFESSIONALS ,INC.

## Current Principal Place of Business:

3920 NW 43RD STREET  
COCONUT CREEK, FL 33073

## New Principal Place of Business:

8285 SEVERN DRIVE  
D  
BOCA RATON, FL 33433

## Current Mailing Address:

3920 NW 43RD STREET  
COCONUT CREEK, FL 33073

## New Mailing Address:

8285 SEVERN DRIVE  
D  
BOCA RATON, FL 33433

FEI Number: 20-3252849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOLL, ERZSEBET P JD  
3920 NW 43RD STREET  
COCONUT CREEK, FL 33073 US

## Name and Address of New Registered Agent:

NOLL, ERZSEBET P  
3920 NW 43RD STREET  
COCONUT CREEK, FL 33073 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: ERZSEBET NOLL

01/06/2008

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: P ( ) Delete  
Name: NOLL, ERZSEBET P JD.  
Address: 3920 NW 43RD STREET  
City-St-Zip: COCONUT CREEK, FL 33073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ERZSEBET NOLL

P

01/06/2008

Electronic Signature of Signing Officer or Director

Date