2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000161479

Entity Name: VITORIA MERCHANDISE CORP

6800 NW 39TH AVE LOT #11

COCONUT CREEK, FL 33073

Address: City-St-Zip: FILED Jun 15, 2009 Secretary of State

Littly Nai	HE. VITORIA	WERCHANDISE CORP			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1585 NE 28TH ST POMPANO BEACH, FL 33064			41 E FLAGLER STRE MIAMI, FL 33131	41 E FLAGLER STREET MIAMI, FL 33131	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1585 NE 28TH ST POMPANO BEACH, FL 33064			41 E FLAGLER STRE MIAMI, FL 33131	41 E FLAGLER STREET MIAMI, FL 33131	
FEI Number:	20-3908768	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
TAX HOUSE CORPORATION 1261 E SAMPLE RD POMPANO BEACH, FL 33064 US			1100 S FEDERAL HW SECOND FLOOR	TAX HOUSE CORPORATION 1100 S FEDERAL HWY SECOND FLOOR DEERFIELD BEACH, FL 33441 US	
The above in the State		submits this statement for the pu	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: BRENO R GOMES - PRESIDENT				06/15/2009	
	Electro	nic Signature of Registered Ager	nt	Date	
		93(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SHIRAKURA, 0 6800 NW 39TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHIRAKURA, E 6800 NW 39TH		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	M (DA SILVA, EDS) Delete SON L	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: EMILIA SHIRAKURA VP 06/15/2009