2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000002918

Entity Name: BLF AMERICA CORP

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4600 NW 107TH AVENUE 1550 BRICKELL AVENUE **SUITE 2412** B-206

DORAL, FL 33178 MIAMI, FL 33129

Current Mailing Address: New Mailing Address:

4600 NW 107TH AVENUE 1550 BRICKELL AVENUE **SUITE 2412** B-206 DORAL, FL 33178 MIAMI, FL 33129 US

FEI Number: 20-4070841 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUAREZ SATTORI, CLAUDIA A SUAREZ SATTORI, CLAUDIA A 9924 NW 52 TERRÂCE 1550 BRICKELL AVENUE MIAMI, FL 33178 B-206 MIAMI, FL 33129 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: CLAUDIA SUAREZ 03/17/2009

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

Title: (X) Change () Addition () Delete Title: SUAREZ SATTORI, CLAUDIA A SUAREZ SATTORI, CLAUDIA A Name: Name: Address: 1550 BRICKELL AVENUE SUITE B-206 Address:

9924 NW 52 TERRACE

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33129 US

Title: D VP () Delete Title: () Change () Addition VACA EL-HAGE, JORGE A Name: Name:

7985 NW 114TH PATH Address: Address: MIAMI, FL 33178 US City-St-Zip: 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.

Ρ SIGNATURE: CLAUDIA SUAREZ 03/17/2009