

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000050501

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** AROUND THE CORNER SVCS., INC.

**Current Principal Place of Business:**

1842 WASHINGTON STREET  
#5  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

7424 BYRON AVE  
APT 2 B  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

1842 WASHINGTON STREET  
#5  
HOLLYWOOD, FL 33020

**New Mailing Address:**

7424 BYRON AVE  
APT 2 B  
MIAMI BEACH, FL 33141

**FEI Number:** 20-4674655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ITURMENDI, LUIS F  
1842 WASHINGTON STREET  
#5  
HOLLYWOOD, FL 33020 US

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

ITURMENDI, LUIS F  
7424 BYRON AVE  
APT 2 B  
MIAMI BEACH, FL 33141 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: LUIS ITURMENDI

04/30/2009

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: ITURMENDI, LUIS F  
Address: 1842 WASHINGTON STREET  
City-St-Zip: HOLLYWOOD, FL 33020

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

Title: P (X) Change ( ) Addition  
Name: ITURMENDI, LUIS F  
Address: 7424 BYRON AVE APT 2 B  
City-St-Zip: MIAMI BEACH, FL 33141

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: LUIS ITURMENDI

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date