2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Dec 03, 2008
Secretary of State

DOCUMENT# P06000050690

Entity Name: ARYUNA & SAI FLORIDA, INC

Current Principal Place of Business:

141 NE 3RD AVENUE STE 406
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

141 NE 3RD AVENUE STE 406
MIAMI, FL 33132

New Mailing Address:

FEI Number: 20-4797364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAREDES, EDELMIRA
141 NE 3RD AVENUE STE 406
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

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: PAREDES EDELMIRA

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: DP ( ) Delete
Name: PAREDES, EDELMIRA
Address: 141 NE 3RD AVENUE STE 406
City-St-Zip: MIAMI, FL 33132

Title: DV ( ) Delete
Name: ARAUJO PAREDES, MARIELA
Address: 141 NE 3RD AVENUE STE 406
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete
Name: ARAUJO PAREDES, IDA
Address: 141 NE 3RD AVENUE STE 406
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete
Name: ARAUJO PAREDES, DORIS
Address: 141 NE 3RD AVENUE STE 406
City-St-Zip: MIAMI, FL 33132

Title: D ( ) Delete
Name: ARAUJO PAREDES, ISIDRO
Address: 141 NE 3RD AVENUE STE 406
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAREDES EDELMIRA PD 12/03/2008

Electronic Signature of Signing Officer or Director Date