2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# P06000070799

Entity Name: SOLUTIONS FOR BETTER LIVING ENTERPRISES, INC.

Current Principal Place of Business:

17611 SW 4TH CT.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

18331 PINES BLVD
115
PEMBROKE PINES, FL 33029

Current Mailing Address:

17611 SW 4TH CT.
PEMBROKE PINES, FL 33029

New Mailing Address:

18331 PINES BLVD
115
PEMBROKE PINES, FL 33029

FEI Number: 20-5103816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FUENTES, GERARDO
17611 SW 4TH CT.
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

FUENTES, GERARDO
18331 PINES BLVD.
115
PEMBROKE PINES, FL 33029 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: GERARDO FUENTES 08/28/2009
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: D ( ) Delete
Name: FUENTES, GERARDO
Address: 17611 SW 4TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Delete
Name: FUENTES, ALINA
Address: 17611 SW 4TH CT.
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FUENTES, GERARDO
Address: 18331 PINES BLVD 115
City-St-Zip: PEMBROKE PINES, FL 33029

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: GERARDO FUENTES D 08/28/2009
Electronic Signature of Signing Officer or Director Date