

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000097115

FILED
Jul 13, 2008
Secretary of State

Entity Name: ALAGEDON BUSINESS SOLUTIONS INC.

Current Principal Place of Business:

6561 COW PEN RD #E205
MIAMI LAKES, FL 33014

New Principal Place of Business:

7175 NW 179 SREET
302
MIAMI, FL 33015

Current Mailing Address:

6561 COW PEN RD #E205
MIAMI LAKES, FL 33014

New Mailing Address:

7175 NW 179 STREET
302
MIAMI, FL 33015

FEI Number: 45-0540565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

LOUIS, ALEX
7175 NW 179 STREET
302
MIAMI, FL 33015 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: ALEX LOUIS

07/13/2008

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: LOUIS, ALEX
Address: 915 NE 146TH ST
City-St-Zip: N MIAMI, FL 33161

Title: DV () Delete
Name: ESCARMENT, TESIR
Address: 352 NE 55TH TER
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOUIS, ALEX
Address: 7175 NW 179 STREET #302
City-St-Zip: MIAMI, FL 33015

Title: DP (X) Change () Addition
Name: ESCARMENT, TESIR
Address: 362 NE 55TH TER
City-St-Zip: MIAMI, FL 33137

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: ALEX LOUIS

DP

07/13/2008

Electronic Signature of Signing Officer or Director

Date