

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000128484

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: HEADSHRINKER ENTERPRISE, INC.

## Current Principal Place of Business:

13751 NW 4TH ST. APT 206-D  
PEMBROKE PINES, FL 33028

## New Principal Place of Business:

13480 NW 4 STREET  
APT # 206  
PEMBROKE PINES, FL 33028

## Current Mailing Address:

13751 NW 4TH ST. APT 206-D  
PEMBROKE PINES, FL 33028

## New Mailing Address:

13480 NW 4 STREET  
APT # 206  
PEMBROKE PINES, FL 33028

FEI Number: 20-5681112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NIEVES, MIGUEL  
13751 NW 4TH ST. APT 206-D  
PEMBROKE PINES, FL 33028 US

## Name and Address of New Registered Agent:

NIEVES, MIGUEL  
13480 NW 4 STREET  
APT # 206  
PEMBROKE PINES, FL 33028 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: MIGUEL NIEVES

04/30/2008

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: P ( ) Delete  
Name: NIEVES, MIGUEL  
Address: 13751 NW 4TH ST. APT 206-D  
City-St-Zip: PEMBROKE PINES, FL 33028

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NIEVES, MIGUEL  
Address: 13480 NW 4 STREET APT # 206  
City-St-Zip: PEMBROKE PINES, FL 33028

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: MIGUEL NIEVES

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date