2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000130090

Address:

City-St-Zip:

14474 SW 50 TERR

MIAMI, FL 33175

Entity Name: ACEROS DE AMERICA, INC.

FILED Apr 30, 2008 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
4815 NW 7 12 MIAMI, FL			5945 NW 102 AVE DORAL, FL 33178		
Current M	ailing Addres	ss:	New Mailing Addre	New Mailing Address:	
4815 NW 7 12 MIAMI, FL			5945 NW 102 AVE DORAL, FL 33178		
FEI Number:	20-8885631	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
6834 NW 7 MIAMI, FL,	FL 33178	US			
	named entity of Florida.	submits this statement for the pi	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUR	RE: ENOC M	ARTINEZ			
	Electro	nic Signature of Registered Age	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (MARTINEZ, EN 6834 NW 113 MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MARTINEZ, EN 6834 NW 113 MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (MARTINEZ, DA 6834 NW 113 MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (BOHOROLIEZ) Delete	Title: D	(X) Change()Addition	

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.

Address:

City-St-Zip:

5945 NW 102 AVE

DORAL, FL 33178

SIGNATURE: ENOC MARTINEZ P 04/30/2008