

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000136803

Entity Name: ASTORIA RETAIL USA, INC

FILED
Jun 10, 2009
Secretary of State

Current Principal Place of Business:

837 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Principal Place of Business:

4141 NE 2ND AVE
STE 204
MIAMI, FL 33137 US

Current Mailing Address:

837 LINCOLN ROAD
MIAMI BEACH, FL 33139

New Mailing Address:

4141 NE 2ND AVE
STE 204
MIAMI, FL 33137 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOYAL, PATRICK R
10796 PINES BLVD
SUITE # 204
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

ALTIT, ALAIN
4141 NE 2ND AVE
STE 204
MIAMI, FL 33137 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: ALAIN ALTIT

06/10/2009

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: P () Delete
Name: ALTIT, ALAIN
Address: 299 COCOPLUM ROAD
City-St-Zip: CORAL GABLES, FL 33143

Title: VP () Delete
Name: AMUIAL, DANIEL
Address: 20870 NE 32 AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: TD (X) Delete
Name: AMAR, MICHAEL
Address: 19425 39 TH AVENUE
City-St-Zip: GOLDEN BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALTIT, ALAIN
Address: 4141 NE 2ND AVE STE 204
City-St-Zip: MIAMI, FL 33137

Title: VP (X) Change () Addition
Name: REVALT, GABRIEL
Address: 4141 NE 2ND AVE STE 204
City-St-Zip: MIAMI, FL 33137

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: ALAIN ALTIT

P

06/10/2009

Electronic Signature of Signing Officer or Director

Date