2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P07000041800

Entity Name: SONIA GALARZA ESCUELA DE REAL ESTATE CORP

Current Principal Place of Business:

10520 WATERVIEW CT
109
TAMPA, FL 33615

New Principal Place of Business:

6946 W LINEBAUGH AVE
TAMPA, FL 33625

Current Mailing Address:

PO BOX 260243
TAMPA, FL 33685

New Mailing Address:

6946 W LINEBAUGH AVE
TAMPA, FL 33625

FEI Number: 20-8779191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALARZA, SONIA
10520 WATERVIEW CT
109
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

GALARZA, SONIA
6946 W LINEBAUGH AVE
TAMPA, FL 33625 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: SONIA GALARZA 03/02/2009
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: GALARZA, SONIA
Address: 10520 WATERVIEW CT UNID 109
City-St-Zip: TAMPA, FL 33615

Title: VP ( ) Delete
Name: MIRANDA, HECTOR L
Address: 10520 WATERVIEW CT UNID 109
City-St-Zip: TAMPA, FL 33615

Title: SECR ( ) Delete
Name: ESPINOZA, LUIS S
Address: 10520 WATERVIEW UNID 109
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GALARZA, SONIA
Address: 6946 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33625

Title: VP (X) Change ( ) Addition
Name: MIRANDA, HECTOR L
Address: 6946 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33625

Title: SECR (X) Change ( ) Addition
Name: ESPINOZA, LUIS S
Address: 6946 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33625

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: SONIA GALARZA P 03/02/2009
Electronic Signature of Signing Officer or Director Date