2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000050184

Entity Name: A & G EXPORT INC

City-St-Zip:

DORAL, FL 33166

FILED Oct 14, 2009 Secretary of State

Littly Name. A&G EXPORTING				
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
7715 NW 4 SUITE 8A F DORAL, FL	PMV 4757			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
7715 NW 4 SUITE 8A F DORAL, FL	PMV 4757	7715 NW 46 ST. SUITE 8A PMV 4757 DORAL, FL 33166 U	S	
FEI Number:	20-8923536 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ROJAS, AL 7715 NW 4 SUITE 8A F DORAL, FL	.6 ST			
The above in the State	named entity submits this statement for th of Florida.	e purpose of changing its registered of	office or registered agent, or both,	
SIGNATUR	RE: ROJAS ALFREDO			
	Electronic Signature of Registered A	Agent	Date	
	e with s. 607.193(2)(b), F.S., the corporation did	not receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete ROJAS, ALFREDO 7715 NW 46 ST. STE 8A PMV 4757 DORAL, FL 33166 US	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete EVANGELISTA, GIANCARLO 7715 NW 46 ST STE 8A PMV 4757 DORAL, FL 33166 US	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	S () Delete RENZO, VERME 7715 NW 46 ST. ST. 8A PMV 4757	Title: (Name: Address:) 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.

City-St-Zip:

SIGNATURE: ROJAS ALFREDO P 10/14/2009