

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000059245

Entity Name: AMYALFRED CORP

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

5372 W 5 AVE
HIALEAH, FL 33012 US

New Principal Place of Business:

7485 FAIRWAY DRIVE
406
MIAMI LAKES, FL 33014 US

Current Mailing Address:

5372 W 5 AVE
HIALEAH, FL 33012 US

New Mailing Address:

PO BOX 28366
HIALEAH, FL 33002 US

FEI Number: 26-0211670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAO, AMARILYS
5372 W 5 AVE
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

CAO, AMARILYS
7485 FAIRWAY DRIVE
406
MIAMI LAKES, FL 33014 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: AMARILYS CAO

03/24/2009

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: PST () Delete
Name: CAO, AMARILYS
Address: 5372 W 5 AVE
City-St-Zip: HIALEAH, FL 33012 US

Title: VP () Delete
Name: QUINONES, ALFREDO
Address: 5372 W 5 AVE
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: CAO, AMARILYS
Address: 7485 FAIRWAY DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

Title: VP (X) Change () Addition
Name: QUINONES, ALFREDO
Address: 7485 FAIRWAY DRIVE
City-St-Zip: MIAMI LAKES, FL 33014 US

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: AMARILYS CAO

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03/24/2009

Electronic Signature of Signing Officer or Director

Date