2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# P07000081383

Entity Name: BRAMEX CONTRACTORS CORP

Current Principal Place of Business:

6466 CAVA ALTA DR
STE 209
ORLANDO, FL 32835 US

New Principal Place of Business:

4668 CASON COVE DR
STE 219
ORLANDO, FL 32811 US

Current Mailing Address:

6466 CAVA ALTA DR
STE 209
ORLANDO, FL 32835 US

New Mailing Address:

4668 CASON COVE DR
STE 219
ORLANDO, FL 32811 US

FEI Number: 26-0547598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, LUCIANA
6466 CAVA ALTA DR
STE 209
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

YOUNG, LUCIANA
4668 CASON COVE DR
STE 219
ORLANDO, FL 32835 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: LUCIANA YOUNG 03/17/2009
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: DP ( ) Delete
Name: YOUNG, LUCIANA
Address: 6466 CAVA ALTA DR STE 209
City-St-Zip: ORLANDO, FL 32835 US

Title: VP ( ) Delete
Name: DA SILVA, WILMAR Q
Address: 6466 CAVA ALTA DR STE 209
City-St-Zip: ORLANDO, FL 32835 US

Title: T ( ) Delete
Name: DA SILVA, WILSON Q
Address: 6466 CAVA ALTA DR STE 209
City-St-Zip: ORLANDO, FL 32835 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: YOUNG, LUCIANA
Address: 4668 CASON COVE DR
City-St-Zip: ORLANDO, FL 32811 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LUCIANA YOUNG P 03/17/2009
Electronic Signature of Signing Officer or Director Date