

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000091997

FILED
Oct 08, 2009
Secretary of State

Entity Name: ALBERT'S A + AFFORDABLE QUALITY PUMPING, INC.

Current Principal Place of Business:

28550 SOUTHWEST 172ND AVENUE
HOMESTEAD, FL 33030

New Principal Place of Business:

24180 SW 122 AVE
HOMESTEAD, FL 33032

Current Mailing Address:

28550 SOUTHWEST 172ND AVENUE
HOMESTEAD, FL 33030

New Mailing Address:

PO BOX 900190
HOMESTEAD, FL 33090

FEI Number: 26-0722475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIRGEN M NAITE
28550 SW 172 AVE
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

VIRGEN M NAITE
24180 SW 122 AVE
HOMESTEAD, FL 33032 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: VIRGEN M NAITE

10/08/2009

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: PSTD () Delete
Name: NAITE, VIRGEN M
Address: 28550 SOUTHWEST 172ND AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: ST () Delete
Name: NAITE, CARLOS A
Address: 28550 SOUTHWEST 172ND AVENUE
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Delete
Name: LOYOLA, ADERMIS
Address: 14481 SW 300 ST
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: NAITE, VIRGEN M
Address: PO BOX 900190
City-St-Zip: HOMESTEAD, FL 33090

Title: VP (X) Change () Addition
Name: NAITE, CARLOS A
Address: PO BOX 900190
City-St-Zip: HOMESTEAD, FL 33090

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: VIRGEN M NAITE

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10/08/2009

Electronic Signature of Signing Officer or Director

Date