

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000112297

FILED
Apr 20, 2009
Secretary of State

Entity Name: INVERSIONES SACALFER, INC

Current Principal Place of Business:

1800 WEST 49 STREET
324-Q
HIALEAH, FL 33012 US

Current Mailing Address:

1800 WEST 49 STREET
324-Q
HIALEAH, FL 33012 US

New Principal Place of Business:

6625 MIAMI LAKES DR E
347
MIAMI LAKES, FL 33014 US

New Mailing Address:

6625 MIAMI LAKES DR E
347
MIAMI LAKES, FL 33014 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SANDRA, ALBERTI
1800 WEST 49 STREE
324-Q
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

MARIANELA, SOJO
6625 MIAMI LAKES DR E
347
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: MARIANELA SOJO

04/20/2009

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: ALBERTI, SANDRA
Address: 1800 WEST 49 STREE SUITE 324-Q
City-St-Zip: HIALEAH, FL 33012 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALBERTI, SANDRA
Address: 6625 MIAMI LAKES DR E 347
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: REGISTER AGENT

MS

04/20/2009

Electronic Signature of Signing Officer or Director

Date