## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P08000001004

Entity Name: BARBROKERS EVENTS CORP.

**FILED** Nov 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1830 SOUTH OCEAN DR. 200 178 ST UNIT 611 HALLANDALE BCH, #1707, FL 33009 SUNNY ISLES, FL 33160

**Current Mailing Address: New Mailing Address:** 

1830 SOUTH OCEAN DR. 200 178 ST UNIT 611 HALLANDALE BCH, #1707, FL 33009 SUNNY ISLES, FL 33160

FEI Number: 39-2072046 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CARRENO, VICTOR CARRENO, VICTOR 200 178 ST UNIT 611 1830 SOUTH OCEAN DR. HALLANDALE BCH, #1707, FL 33009 US SUNNY ISLES, FL 33160 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: VICTOR CARRENO 11/25/2009

> Electronic Signature of Registered Agent Date

> > Title:

VD

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:**

() Delete

VD

Title:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

Title: () Delete Title: (X) Change ( ) Addition

CARRENO, VICTOR CARRENO, VICTOR Name: Name: 1830 SOUTH OCEAN DR. 200 178 ST UNIT 611 Address: Address:

City-St-Zip: HALLANDALE BCH, #1707, FL 33009 City-St-Zip: SUNNY ISLES, FL 33160

Name: RUIZ. ELISA Name: GOMEZ, ELISA 1830 SOUTH OCEAN DR. 200 178 ST UNIT 611 Address: Address: HALLANDALE BCH, #1707, FL 33009 SUNNY ISLES, FL 33160 City-St-Zip: City-St-Zip:

Title: Title: VD () Change () Addition

(X) Delete GONZALEZ, LEONEL Name: Name: 1830 SOUTH OCEAN DR. Address: Address: City-St-Zip: HALLANDALE BCH, #1707, FL 33009 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: VICTOR CARRENO PD 11/25/2009