2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000016768

Entity Name: SOMOS TU VOZ, INC.

MARISSA, RIOS

LUTZ, FL 33549

22614 LAURELDALE DR

Name:

Address:

City-St-Zip:

FILED Nov 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 22614 LAURELDALE DR LUTZ, FL 33549 **Current Mailing Address: New Mailing Address:** 22614 LAURELDALE DR LUTZ, FL 33549 FEI Number: 26-2020177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAMOS, JOSE S 22614 LÁURELDALE DR LUTZ, FL 33549 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: JOSE S RAMOS 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RIOS, MARIA L Name: Name: 22614 LAURELDALE DR Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: Title: ST () Delete () Change () Addition Name: RIOS, XAVIER Name: 22614 LAURELDALE DR Address: Address: LUTZ, FL 33549 City-St-Zip: City-St-Zip: () Delete Title: Title: () Change () Addition RIOS, CHRISTOPHER Name: Name: 22614 LAURELDALE DR Address: Address: City-St-Zip: LUTZ, FL 33549 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA L RIOS **PRES** 11/03/2009