2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2009
Secretary of State

DOCUMENT# P08000023348

Entity Name: A. G. F. CONSULTANTS, INC.

Current Principal Place of Business:

17200 N.W. 86TH AVENUE
MIAMI, FL 33015 US

New Principal Place of Business:

8917 NW 176 LN
MIAMI, FL 33018 US

Current Mailing Address:

17200 N.W. 86TH AVENUE
MIAMI, FL 33015 US

New Mailing Address:

8917 NW 176 LN
MIAMI, FL 33018 US

FEI Number: 26-2109380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIALLO, AMADA G
17200 N. W. 86TH AVENUE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

FIALLO, AMADA G
8917 NW 176 LN
MIAMI, FL 33018 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: AMADA G. FIALLO 10/07/2009
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: PD ( ) Delete
Name: FIALLO, AMADA G
Address: 17200 N.W. 86TH AVENUE
City-St-Zip: MIAMI, FL 33015 US

Title: TS ( ) Delete
Name: FIALLO, AMADA G
Address: 17200 N.W. 86TH AVENUE
City-St-Zip: MIAMI, FL 33015 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FIALLO, AMADA G
Address: 8917 NW 176 LN
City-St-Zip: MIAMI, FL 33018 US

Title: TS (X) Change ( ) Addition
Name: FIALLO, AMADA G
Address: 8917 NW 176 LN
City-St-Zip: MIAMI, FL 33018 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: AMADA G. FIALLO MRS. 10/07/2009
Electronic Signature of Signing Officer or Director Date