2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000029556

POMA, JORGE V

MIAMI, FL 33186 US

11727 SW 113 TERRACE

Name:

Address:

City-St-Zip:

Entity Name: NORTHPERUVIAN GROUP CORPORATION

FILED Nov 17, 2009 Secretary of State

Littly Nai	ille. NORTI	IFEROVIAIN GROOF CORFOR	ATION		
Current Principal Place of Business:			New Principal Place of Business:		
11727 SW MIAMI, FL	113 TERRA 33186 US				
Current Mailing Address:			New Mailing Address:		
11727 SW MIAMI, FL	113 TERRA 33186 US				
FEI Number	: 26-2227900	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
POMA, JO 11727 SW MIAMI, FL	113 TERRA				
	named entity e of Florida.	y submits this statement for the	purpose of changing i	its registered office or registered agent, or both,	
SIGNATUR	RE: JORGE	POMA			
	Electro	onic Signature of Registered Ag	ent	Date	
		193(2)(b), F.S., the corporation did n	ot receive the prior notic	ce.	
	S AND DIRE	ing Trust Fund Contribution(). CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ECHEVARRIA 228 NW 42NI)Delete A, ARMANDO J D BEACH, FL 33442 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP CHAVEZ, JU/ 9383 SW 212 MIAMI, FL 33	2 TERRACE	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition POMA, JORGE R 11727 SW 113 TERRACE MIAMI, FL 33186 US	
Title: Name: Address: City-St-Zip:	VALLADOLID	08 AVENUE D-259	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ((X) 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: ARMANDO J ECHEVARRIA P 11/17/2009