2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Sep 30, 2009
Secretary of State

DOCUMENT# P08000064643

Entity Name: A & G CUSTOM TRIM, INC.

Current Principal Place of Business:

18681 N. HWY 331
FREEPORT, FL 32439 US

New Principal Place of Business:

50 LOWERY ROAD
FREEPORT, FL 32439 US

Current Mailing Address:

18681 N. HWY 331
FREEPORT, FL 32439 US

New Mailing Address:

50 LOWERY ROAD
FREEPORT, FL 32439 US

FEI Number: 26-2938310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAFAEL-ALONSO, FLORIBERTO
18681 N. HWY 331
FREEPORT, FL 32439 US

Name and Address of New Registered Agent:

RAFAEL-ALONSO, FLORIBERTO
50 LOWERY ROAD
FREEPORT, FL 32439 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: FLORIBERTO RAFAEL-ALONSO 09/30/2009
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: RAFAEL-ALONSO, FLORIBERTO
Address: 18681 N. HWY 331
City-St-Zip: FREEPORT, FL 32439 US

Title: VD (X) Delete
Name: GARCIA-RINCON, MARCOS
Address: 18681 N. HWY 331
City-St-Zip: FREEPORT, FL 32439 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAFAEL-ALONSO, FLORIBERTO
Address: 50 LOWERY ROAD
City-St-Zip: FREEPORT, FL 32439 US

Title: ( ) Change ( ) Addition
Name:
Address:
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: FLORIBERTO RAFAEL-ALONSO PD 09/30/2009
Electronic Signature of Signing Officer or Director Date