2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 17, 2009
Secretary of State

DOCUMENT# P08000094957

Entity Name: MIAMI GLOBAL SOLUTIONS, INC.

Current Principal Place of Business:

11458 QUAIL ROOST DR
MIAMI, FL 33157

New Principal Place of Business:

28714 S DIXIE HWY
HOMESTEAD, FL 33033

Current Mailing Address:

11458 QUAIL ROOST DR
MIAMI, FL 33157

New Mailing Address:

28714 S DIXIE HWY
HOMESTEAD, FL 33033

FEI Number: 26-3590569 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZANO, MANUEL
11458 QUAIL ROOST DR
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

LOZANO, MANUEL
28714 S DIXIE HWY
HOMESTEAD, FL 33033 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: MANUEL LOZANO 11/17/2009
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: P,S ( ) Delete
Name: LOZANO, MANUEL
Address: 11458 QUAIL ROOST DR
City-St-Zip: MIAMI, FL 33157

Title: VP ( ) Delete
Name: LOZANO-PFALZGRAF, NICOLAS
Address: 11458 QUAIL ROOST DR
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition
Name: LOZANO, MANUEL
Address: 28714 S DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33033

Title: VP (X) Change ( ) Addition
Name: LOZANO-PFALZGRAF, NICOLAS
Address: 28714 S DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33033

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: MANUEL LOZANO P S 11/17/2009
Electronic Signature of Signing Officer or Director Date