

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000021396

FILED
Feb 11, 2008
Secretary of State

Entity Name: THE PIANIST, INC.

Current Principal Place of Business:

1610 N. PAGE DR.
DELTONA, FL 32725 US

New Principal Place of Business:

10315 NW 9 STREET CIRCLE
SUITE 505
MIAMI, FL 33172 US

Current Mailing Address:

1610 N. PAGE DR.
DELTONA, FL 32725 US

New Mailing Address:

PO BOX 601573
MIAMI, FL 33160 US

FEI Number: 65-0650014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLMOS, DULCE M
8390 SOUTHWEST 154TH AVE
48
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

MEDINA, HENRY JUNIOR
7220 NW 36 STREET
SUITE 301
MIAMI, FL 33166 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: MEDINA HENRY

02/11/2008

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 () Delete
Name: OLMOS, DULCE M
Address: 8390 SOUTHWEST 154TH AVE #48
City-St-Zip: MIAMI, FL 33193

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TODD, ELISA PA
Address: 10315 NORTH WEST 9 STREET CIRCLE SUITE 505
City-St-Zip: MIAMI, FL 33172 US

Title: VP () Change (X) Addition
Name: LOPEZ, VALENCIA M POA
Address: 12954 NW 18TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028 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: TODD, ELISA

PD

02/11/2008

Electronic Signature of Signing Officer or Director

Date