2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 05, 2009
Secretary of State

DOCUMENT# P98000064571

Entity Name: V. ANGEL V., INC.

Current Principal Place of Business:

765 CRANDON BOULEVARD
#411
KEY BISCAYNE, FL 331492585

New Principal Place of Business:

Current Mailing Address:

765 CRANDON BOULEVARD
#411
KEY BISCAYNE, FL 331492585

New Mailing Address:

FEI Number: 65-0862384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BUSTILLO, ALBERTO
11447 SW 86TH LN
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: ALBERTO BUSTILLO

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HENRIQUEZ, MIGUEL	
Address:	765 CRANDON BOULEVARD APT 411	
City-St-Zip:	KEY BISCAYNE, FL 331492585	
Title:	S	( ) Delete
Name:	LOPEZ, MARIA C	
Address:	765 CRANDON BOULEVARD APT 411	
City-St-Zip:	KEY BISCAYNE, FL 331492585	
Title:	VP	( ) Delete
Name:	HENRIDQUEZ, MIQUEL A	
Address:	765 CRANDON BOULEVARD APT 411	
City-St-Zip:	KEY BISCAYNE, FL 331492585	
Title:	T	( ) Delete
Name:	HENRIQUEZ, VIVIANE	
Address:	765 CRANDON BOULEVARD APT 411	
City-St-Zip:	KEY BISCAYNE, FL 331492585	
Title:	V	( ) Delete
Name:	HENRIQUEZ, VANESSA	
Address:	765 CRANDON BOULEVARD APT 411	
City-St-Zip:	KEY BISCAYNE, FL 331492585	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MARIA C LOPEZ S 11/05/2009

Electronic Signature of Signing Officer or Director — Date