

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# G19442

Entity Name: MYRO, INC.

FILED  
Jan 04, 2005  
Secretary of State

**Current Principal Place of Business:**

1070 EGRET LAKE WAY  
MELBOURNE, FL 32940 US

**New Principal Place of Business:**

4770 CHARDONNAY DRIVE  
ROCKLEDGE, FL 32955 US

**Current Mailing Address:**

POB 411089  
MELBOURNE, FL 32940 US

**New Mailing Address:**

4770 CHARDONNAY DRIVE  
ROCKLEDGE, FL 32955 US

FEI Number: 59-2289681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DESROSIENS, SHEILA  
1070 EGRET LAKE WAY  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

DESROSIENS, SHEILA G  
5805 N. WICKHAM ROAD  
MELBOURNE, FL 32940 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: SHEILA G. DESROSIERS

01/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SALAS, MYRIAM,  
Address: 1070 EGRET LAKE WAY  
City-St-Zip: MELBOURNE, FL 32940

Title: SVP ( ) Delete  
Name: DESROSIERS, SHEILA G,  
Address: 1070 EGRET LAKE WAY  
City-St-Zip: MELBOURNE, FL 32970

Title: PT ( ) Delete  
Name: SALAS, MYRIAM  
Address: 1070 E GRET LAKEWAY  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SALAS, MYRIAM,  
Address: 4770 CHARDONNAY DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SVP (X) Change ( ) Addition  
Name: DESROSIERS, SHEILA G,  
Address: 5805 N. WICKHAM ROAD  
City-St-Zip: MELBOURNE, FL 32940

Title: PT (X) Change ( ) Addition  
Name: SALAS, MYRIAM  
Address: 4770 CHARDONNAY DRIVE  
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHEILA G. DESROSIERS

VP

01/04/2005

Electronic Signature of Signing Officer or Director

Date