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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -2 PM 2:52

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0715.38696

REGISTERED AGENT CHANGE

BANIF FINANCIAL SERVICES, INC.

RECEIVED
05 JUN -2 AM 8:00
DIVISION OF CORPORATIONS

Certificate of Status	0
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Estimated Charge	\$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Banif Financial Services, Inc.
- 2. The principal office address: 1001 Brickell Bay Drive, Suite 1804, Miami, FL 33131
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/30/2000 Document number: P00000110760
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

American Information Services, Inc.
One SE 3rd Avenue, 28th Floor
Miami, FL 33131

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box or personal mailbox NOT acceptable)
Weston, FL 33331

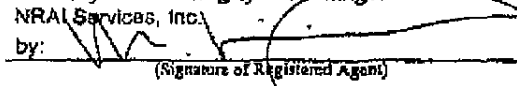
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Edward DeCaso, Director & Exec. V.P.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.
 by: 
(Signature of Registered Agent)

06/01/05
(Date)

If signing on behalf of an entity:

Michael Mirrione
(Typed or Printed Name)

Assistant Secretary
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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