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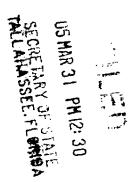
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COVER LETTER

Division of Co		
SUBJECT:_		LOANS, INC
	(Name of	corporation)
DOCUMENT NUME	BER: PO400	000 74111
The enclosed Statemer	nt of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all corres	pondence concerning this mat	ter to the following:
	MARTA	I DIEGO
 -	(Name of c	contact person)
	A-Z HOME L	OANS, INC
	(Firm/	Company)
		76 STREET, SUITE # 3
	(7.4	access,
	HIALEAH	, FL 33018
_	(City/state	and zip code)
For further information	concerning this matter, please	e call:
MARTA I DI		at (305) 822-1786
(Name	of contact person)	at (305 822-1786 (Area code & daytime telephone number)
Enclosed is a \$35.00 cl	neck made payable to the Depa	artment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

statement of ch	ange is submitted fo	r a corporation organ	12, 607.1508, or 617.1. sized under the laws of ered agent, or both, in	f the State of F	LORIDA
1. The name of	the corporation:	A-Z HOME L	OANS, INC		
2. The principal office address: 3185 WEST 76 STREET # 3. HIALEAH, FL 33018					
3. The mailing a	address (if different)	×			
4. Date of incor	poration/qualification	on: MAY 07/2004	Document numb	ber: P040000741	111
	d street address of the rtment of State:	ne current registered a	gent and registered off	fice on file with th	ne
	MERCEDES DE L	.A TORRE			
	14188 NW 88 PL				
	MIAMI LAKES, FI	_ 33018			
6. The name and (if changed):	d street address of the	e new registered ager	nt (if changed) and /or	registered office	SHR 31
	MARTA I DIEGO				SET P ITT
	8554 NW 165 TER	RRACE			TO RO
		(P.O. Box NOT acceptable)			30
	MIAMI LAKES, FL	. 33016			2
The street address changed will	ess of its registered be identical.	office and the street	address of the busines	ss office of its re	gistered agent,
Such change was	as authorized by res	solution duly adopted poration has been no	I by its board of directified in writing of the	tors or by an offi e change.	icer so
_///	A/			IEGO- PRESIDE	
(' " 4	the appointment as the appointment as to comply with the ad I am familiar wit ing filed merely to r s been notified in w	•	d agree to act in this of the project of the projec	r typed name and title) capacity. oper and complet i as registered ag dress, I hereby co	
nerceda /	G. de Le Carrieture of Registered Ager	nt)	_3b	4/05 (Date)	
./	half of an entity:	-	/	r ·	
HEREED	Escha 101 [vped or Printed Name]	re_			

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