P04013

Steel Hector + Davis (Requestor's Name) 200 S. Riscayne Blvd. Ste4000 (Address) Miami El 33/31-2398 (Address)	500042700185
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	11/19/0401007017 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 30, 2004

STEEL, HECTOR & DAVIS 200 S. BISCAYNE BLVD. STE. 4000 MIAMI, FL 33131-2398

SUBJECT: ALMYRA COMPANY N.V., INC.

Ref. Number: P04013

We have received your document for ALMYRA COMPANY N.V., INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the incorrect form to change your registered agent for this corporation. You are not an alien corporation, you are a foreign corporation qualified to do business in Florida. I have enclosed the right form for you to complete and return with this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 004A00067110

COVER LETTER

10:	Amendment Section Division of Corporations
SHRII	ECT: ALMYRA COMPANY N.V., INC.
30.00	(Name of corporation)
DOCU	IMENT NUMBER: PO4013
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Raul J. Valdes-Fauli, Esq.
	(Name of contact person)
	c/o Steel Hector & Davis LLP (Firm/Company)
	(Fill Company)
	200 South Biscayne Blvd., Suite 4000
	(Address)
	Miami, FL 33131-2398
	(City/state and zip code)
For fu	ther information concerning this matter, please call:
Betsy	Parenti at (305) 577-4795
	Parenti at (305) 577-4795 (Name of contact person) (Area code & daytime telephone number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street 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 chang	e is submitted	tions 607.0502, 617.050 for a corporation organ gistered office or regist	iized under the law	s of the State of Flo	orida	
1. The name of the	corporation:	ALMYRA COMPANY	N.V., INC.			
2. The principal office address: 200 South Biscayne Blvd., Suite 4100						
		Miami, FL 33131-2398	3	-		
3. The mailing add	lress (if differe	nt):			·	
4. Date of incorpor	ration/qualifica	ation: 11/09/1984	Document n	umber: PO4013		
5. The name and surflorida Departm		f the current registered a	ngent and registered	d office on file with	the	
_	Valdes-Fauli Corporate Services, Inc.					
2	2 S. Biscayne Blvd., Suite 3400					
<u>.</u>	liami, FL 331	31		_		
(if changed):		f the new registered age	, ,	l/or registered offic	e	
<u>C</u>	orporate Inter	rnational Registered Ag	gents, Inc.			
2	00 South Bisc	ayne Blvd., Suite 4000			-	
3	liami, FL 3313	(P.O. Box NOT acceptable	=)			
_			t address of the hu	siness office of its	registered agent	
-		red office and the street				
Such change was authorized by the	authorized by board, or the	resolution duly adopte corporation has been n	ed by its board of a otified in writing of	directors or by an coof the change.	officer so	
(Signature	of an officer or dur	ectori	- Mario J. Miran	da, President nted or typed name and tit	te .	
I hereby accept the I further agree to of my duties, and document is being corporation has been also be a corporation for the		nt as registered agent a the provisions of all sta with and accept the ob to reflect a change in t in writing of this change				
If signing on beha	alf of an entity	/: /:	,			
Raul J. Valdes-Fa						
(Ter	ned or Printed Nam	ne)				

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