## P05000063151

| (Re                                     | equestor's Name)   |                                       |
|---|--------------------|---------------------------------------|
| (Ac                                     | ldress)            |                                       |
| (Ac                                     | ldress)            | · · · · · · · · · · · · · · · · · · · |
| (Ci                                     | ty/State/Zip/Phone | #)                                    |
| PICK-UP                                 | WAIT               | MAIL                                  |
| (Bu                                     | ısiness Entity Nam | e)                                    |
| (Do                                     | ocument Number)    |                                       |
| Certified Copies                        | _ Certificates     | of Status                             |
| Special Instructions to Filing Officer: |                    |                                       |
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|   |                    |                                       |
|   | Office Use Only    | ,                                     |



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F.M. & CO.

The Small Business Accounting Co. 20 Years of Experience 602 N.E. 167th Street N. Miami Beach, FL. 33162

*Ph:(305) 944-6572* Fax:(305) 944-0575

Accounting Services
Corporation taxes
Personal taxes
Business Consultant

December 02, 2008

SMART SOLUTIONS MEDIA, INC. 20500 W. COUNTRY CLUB DR. # 107 AVENTURA, FL 33180 P05000063151

FLORIDA DEPARMENT OF STATE DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

ATTN: TINA ROBERT

IN REF. TO SMART SOLUTIONS MEDIA, INC. WE NEVER RECEIVED THE WARNING FOR DISSOLUTION.
WE NEVER KNEW YOU WERE REQUESTING THE NAME A THE NEW REGISTERED AGENT.

PLEASE ACEPT OUR APOLOGIZE FOR ANY INCONVENIENCE.

WE WOULD LIKE YOUR DEPARTMENT TO REINSTATE OUR COMPANY AND ACEPT THIS CHECK FOR \$ 35 FILING FEE.

THANK YOU VERY MUCH FOR YOUR COOPERATION ON THIS MATTER.

SINCERELY YOURS

FREDERICK MINAYA & COMPANY, INC.

602 North East 167th Street North Miami Beach, Fl. 33162 Phone: (305) 944-6572 Fax: (305) 944-0575

## 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: SMART SOLUTIONS MEDIA, INC.   |
| 2. The principal office address: 20500 W, COUNTRY CLUB DR. # 107  AVENTURA, FL 33180  |
| 3. The mailing address (if different): SAME   |
| 4. Date of incorporation/qualification: 04/25/2005 Document number: P05000063151  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  PINZON, JESES H  20500 W. COUNTRY CLUB DR. #107  AVENTURA, FL 33180  6. The name and street address of the new registered agent (if changed) and /or registered office  |
| PINZON, JESES H   |
| 20500 W. COUNTRY CLUB DR. #107  |
| 20500 W. COUNTRY CLUB DR. #107  AVENTURA, FL 33180  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| PINZON, JOSE  |
| 20500 W. COUNTRY CLUB DR. # 107   |
| (P.O. Box NOT acceptable)  AVENTURA, FL 33180   |
| 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)  PINZON, JOSE (Printed or typed name and title)  |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance<br>of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>document is being filed merely to reflect a change in the registered office address. I hereby confirm that the<br>corporation has been notified in writing of this change. |
| Gignature of Registered Agent)  12/02/2008 (Date)   |
| If signing on behalf of an entity:  |
| PINZON, JOSE (Typed or Printed Name)  |

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