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(Requestor's Name)
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: THE MEMORY SECRET, INC. (Name of Corporat	ion)	
DOCUMENT NUMBER: P02000081415		
The enclosed Statement of Change of Registered Office/Agent	t and fee are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
GLORIA PASCUAL - WILLINGER (Name of Contact Pe	erson)	
YH&S ACCOUNTING & FINANCIAL CONSULTANTS (Firm/Company)		
2875 NE 191 STREET, SUITE 302 (Address)		
AVENTURA, FLORIDA 33180-2806 (City/State and Zip C	Code)	
For further information concerning this matter, please call:	Louie)	
GLORIA PASCUAL - WILLINGER at ((Name of Contact Person)	305 935-4160 Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of		
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

TO:

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.
The name of the corporation: THE MEMORY SECRET, INC.
2. The principal office address: 2875 NE 191 STREET, SUITE 302
AVENTURA, FLORIDA 33180-2806
3. The mailing address (if different): SAME AS ABOVE
4. Date of incorporation/qualification: JULY 26, 2002 Document number: P02000081415
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CALVO MONDELO, FERNANDO
2875 NE 191 STREET, SUITE 302
AVENTURA, FLORIDA 33180-2806
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
YH&S ACCOUNTING & FINANCIAL CONSULTANTS
2875 NE 191 STREET, SUITE 302
(P.O. Box NOT acceptable)
AVENTURA, FLORIDA 33180-2806
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.
Conse And Isabel Conde To The Transfer of Officer or director) (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 of this documen 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
The S Accombain disamial ansultate, one. (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)