

07/12/2004 09:46 FAX 3059380385

LEOPOLD KORN LEOPOLD

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Division of Corporations

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561506

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.  
Account Number : I20010000025  
Phone : (305) 935-3500  
Fax Number : (305) 935-9042

REGISTERED AGENT CHANGE

ALAN SIMONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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: ALAN SIMONS, INC.
2. The principal office address: 869 NW 183RD STREET, MIAMI FL 33169
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 03/08/1978 Document number: 561506
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

ALAN SIMONS869 NW 183RD STREETMIAMI FL 33169

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

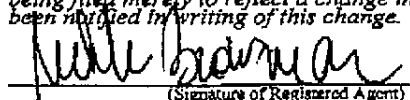
MIKHAIL BRAVERMAN869 NW 183RD STREET(P.O. Box or personal mailbox NOT acceptable)MIAMI FL 33169

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)MIKHAIL BRAVERMAN, President/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, 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.

(Signature of Registered Agent)(Date)

If signing on behalf of an entity:

(Typed or Printed Name)(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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