K43184

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	



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SURGIARY OF STATE

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R.A. change

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Deep Reef Trading Corporation (Name of corporation)
DOCUMENT NUMBER: K43184
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
David W. McCreadie (Name of contact person)
Lau, Lane, Pieper, Conley & McCreadie, P.A. (Firm/Company)
100 South Ashley Drive, Suite 1700 (Address)
Tampa, Florida 33602 (City/state and zip code)
For further information concerning this matter, please call:
David W. McCreadie at (813) 229-2121 (Name of contact person) (Area code & daytime telephone number)
Enclosed 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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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: Deep Reef Trading Corporation
2. The principal office address: 5353 W. Tyson Avenue, Tampa, Florida 33611
3. The mailing address (if different): DEEP REEF TRADING CORPORATION
P.O. BOX 19507 TAMPA, FLORIDA 33686
4. Date of incorporation/qualification: 11/3/1988 Document number: K43184
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Minnie Valladares
5353 W. Tyson Avenue
Tampa, Florida 33611
Tampa, Florida 33611 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Janice Ashby 5353 W. Tyson Avenue
Janice Ashby
5353 W. Tyson Avenue (P.O. Box NOT acceptable)
Tampa, Florida 33611
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 of director) Handell Borden President Printer of the pri
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 Agens) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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