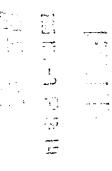
L05000003716

(Re	questor's	Name)		
(Ad	dress)			
(Ad	dress)			_
(Cit	y/State/Zi	p/Phone#)	_
PICK-UP	□w	AIT	MAIL	
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Special Instructions to	Filing Offi	cer;		
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Acknowledgement	DÇĈ			
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	JECT: CHANGE OF ADDRESS / EHH INVESTMENTS LTD. CO. (Name of corporation)	<u></u> .
DOCU	CUMENT NUMBER: L05000003716	
The en	enclosed Statement of Change of Registered Office/Agent and fee are sub	omitted for filing.
Please	e return all correspondence concerning this matter to the following:	
	CARLOS F. HENAO (Name of contact person)	
	EHH INVESTMENTS LTD. CO. (Firm/Company)	<u> </u>
	6940 NW 12 STREET (Address)	<u> </u>
	MIAMI, FLORIDA 33126 (City/state and zip code)	 .
For fur	urther information concerning this matter, please call:	
	CARLOS F. HENAO at (305) 59	94-2175
	(Name of contact person) (Area code & da	94-2175 sytime telephone number)
Enclos	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Division of Corporations Division of Corporations Tallahassee, FL 32314	Section Corporations

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				
	ge is submitted for a corporation organized under the laws of the State of FLORIDA			
	to change its registered office or registered agent, or both, in the State of Florida.			
	corporation: EHH INVESTMENTS LTD. CO.	_		
2. The principal of	ffice address: 6940 NW 12 STREET MIAMI, FL 33126			
3. The mailing add	dress (if different):			
Ž	· · · · · · · · · · · · · · · · · · ·			
4. Date of incorpo	pration/qualification: JAN. 12, 2005 Document number: L05000003716			
5. The name and s Florida Departn	street address of the current registered agent and registered office on file with the ment of State:			
C	CARLOS F. HENAO			
6	940 NW 69 STREET			
<u> </u>	MIAMI, FLORIDA 33126			
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office			
<u>c</u>	CARLOS F. HENAO			
6	5940 NW 12 STREET			
_	(P.O. Box NOT acceptable)			
N	MIAMI, FL 33126			
The street address as changed will be	s of its registered office and the street address of the business office of its registered agent, be identical.			
/ \	authorized by resolution duly adopted by its board of directors or by an officer so board or the corporation has been notified in writing of the change.	-		
Les,	CARLOS F HENAO / MGRM	:		
(Signature	of an object of director) (Printed or typed name and title)			
I hefeby accept the I further agree to of my duties, and document is being corporation has be	the appointment as registered agent and agree to act in this capacity. Comply with the provisions of all statutes relative to the proper and complete performance I am familiar with and accept the obligation of my position as registered agent. Or, if this g filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.			
I Du	05/03/05			
(Signa	ature of Registered Agent) (Date)			
If signing on beha	of of an entity:			
(Typ	ned or Printed Name)			

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