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SECRETARY OF STATE
THE AHASSEE, FLORID

John Start

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: LDC/A TOMAS CRUZ #33/ TAK.

(Name of Corporation)

DOCUMENT NUMBER: NO200000 9496

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:

TOSE RODL/BUEZ
(Name of Contact Person)

(Pirm/Company)

17845 N.W. 8/5 COURT
(Address)

MIAMI FL. 33015
(City/State and Zip Code)

For further information concerning this matter, please call:

1056 ODL/BUEZ
(Name of Contact Person)

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	is submitted for a c	corporation organiz	, 607.1508, or 617.1: eed under the laws of eed agent, or both, in	the State of/	<i>FLORISA</i>
The name of the case. The principal office.	corporation:		MAS CRU		, INC
3. The mailing addr	ess (if different):				
4. Date of incorpora	tion/qualification:	12/09/02	Document numb	per: 4020	00009496
	eet address of the creat of State:	urrent registered ago	ent and registered off		
	1950 HIA	LEATH, FO	L ST APT.	408	O7 MAY I: SECRETAR SALLAHASS
6. The name and str (if changed):	178	 nse K	(if changed) and /or	<u> </u>	PH 1:44 Y OF STATE SEE, FLORIDA
as changed will be	identical.		ddress of the busine		,
I hereby accept the I further agree to co of my duties, and I document is being corporation has be (Signature of Signature) If signing on behal	appointment as re omply with the pro am familiar with a filed merely to fell en notified in writi are of Registered Agent) f of an entity:	egistered agent and visions of all statu and accept the oblig act a change in the	by its board of directified in writing of the interest of the project of the proj	r typed name and title)	PD

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