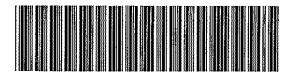
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Direct Aid for Latin America, Inc. (Name of Corporation)
DOCUMENT NUMBER: N05000004427
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 J. Pascuzzi, Esquire
(Name of Contact Person)
Schwartz & Horwitz, PLC (Firm/Company)
6751 North Federal Highway, Suite 400 (Address)
Boca Raton, FL 33487
(City/State and Zip Code)
For further information concerning this matter, please call:
David J. Pascuzzi, Esq. at (561) 395-4747 (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 Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617 mge is submitted for a corporation o r to change its registered office or re	rganized under the laws	of the State of F	lorida	eer oor .
1. The name of	the corporation: Direct Aid for Latin /	America, Inc.			
	office address: 5879 St. Anne's Wa		6	·····	
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 4/29/05	Document nur	mber: N0500000)4427	
	I street address of the current register tment of State:	red agent and registered o	office on file with	the	
	David J. Pascuzzi, Esq.			→	
	3301 NW Boca Raton Blvd.	, Ste. 200		SEC.	Carcillade
	Boca Raton, FL 33431		<u></u>	EP 29	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /o	or registered offic	e mg	
	David J. Pascuzzi, Esq.			1:39 STATE LORID	<u> </u>
	6751 North Federal Highwa	<u> </u>		▶ .	
	(P.O. Box NOT acce Boca Raton, FL 33487	ptable)			
The street addre	ess of its registered office and the st	treet address of the busin	ness office of its	registered ager	at,
Such change was authorized by the	as authorized by resolution duly ad- ne board, or the corporation has been	opted by its board of dir in notified in writing of	ectors or by an o the change.	fficer so	
- Asigfati	W Luchborto ure of an officer of director)	Joseph Printed	R Luchtan or typed name and titl	ers Presid	ent
I hereby accept I further agree to of my duties, and accument is beic corporation has	the appointment as registered ages to comply with the provisions of all ad I am familiar with and accept the ng filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in the statutes relative to the perobligation of my position in the registered office a unge.	is capacity, proper and comp on as registered address, I hereby	olete performar agent. Or, if t confirm that t	ıce his he
	mi	Sept-	18 200,	6	.
	andfure of Registered Agent) half of an entity:	u de la companya de l	(Dage)		
(7	Typed or Printed Name)				*

* * * FILING FEE: \$35.00 * * *
CUECKS DAVABLE TO FLODIDA DEPARTMENT OF ST