P00000036987

(Requestor's Name)			
(Address)			
(
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Cartified Caning Continues of Status			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
3			

Office Use Only



500027399565

01/22/04--01043--005 **35.00

RA Change





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 18, 2004

ACHIEVING INDEPENDENT SUCCESS, INC. P. O. BOX 164154 MIAMI, FL 33116-4154

SUBJECT: ACHIEVING INDEPENDENT SUCCESS, INC.

Ref. Number: P00000036987

We have received your document for ACHIEVING INDEPENDENT SUCCESS, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Our records show this corporation has not been reinstated. Therefore, the Statement of Change of Registered Office/Agent cannot be filed.

Please change the agent on the reinstatement application.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 104A00011080

MECKEIVED

WHAR A AH 9: 05

WHOR OF CORFORATION

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes	
=	ted for a corporation organized under the laws of the State of Florida istered office or registered agent, or both, in the State of Florida.	in order
change as reg	werea office or regwierea ageni, or boin, in the sigle of Ptoriaa.	
The name of t	ne corporation: Achieving Independent Success, Inc.	
The principal	office address: 9960 N. W. 116th Way Suite #9	
	Miami, Florida 33178	
The mailing a	Idress (if different): P.O. Box 164154	
	Miami, Florida 33116-4154	
Date of incorp	oration/qualification: 02/11/200 Document number: P00000036987	
The name and Florida Depar	street address of the current registered agent and registered office on file with the ment of State:	
	Steven Tejeda	
	14321 SW 88th Street Apt 209 - F	0
	Miami, Florida 33186	超
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	8-2-
	Esteban R. Tejeda	
	13951 S W 66th Street Unit 301 - A	選売 当
	(P.O. Box or personal mailbox NOT acceptable)	-
	Miami, Florida 33183	-
e street addre	ss of its registered office and the street address of the business office of its regist identical.	ered agent, as
en change wa board, or the	s authorized by resolution duly adopted by its board of directors or by an officer corporation has been notified in writing of the change.	so authorized by
A L	gnature of an officer of director) Devot To Segmanus and (Printed or typed name and	ola vr
ereby accept in the capt in th	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete proper with and accept the obligation of my position as registered agent. Or ly to reflect a change in the registered office address, I hereby confirm that the conviting of this change.	performance of my if this document is corporation has
atital	Signature of Registered Agent) (Date)	
	alf of an entity:	
	(Typed or Printed Name) (Capacity)	
	(Capacity)	

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