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CORPO	DOCUMENT NUMBER(S), (if known):
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NEW FILINGS	<u>AMENDMENTS</u>
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Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent
Other	Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
·	Reinstatement Trademark Reinstatement Reinstatement
	Other
	V SHEPARD MAY 1 5 2008
CR2E031(7/97)	Examiner's Initials

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,
submits the following statement is order to change in a state of
the State of Florida.
the undersigned corporation organized under the laws of the State of
2. The mailing address of the corporation: Go Pousens, 66 Foreign Ave
Hreusuce N.Y. 11801-5600
3. Date of incorporation/qualification: 6/5/00 Document number: P00000056297
4. The name and address of the current registered agent and office:
NRAI SERVICES INC
526 EAST PARM AVE
5. The name and address of the new reciproral accord 65 days in the new reciproral ac
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
CASTOR A FREMANOGEZ
4115 KIARRA GAT
COCONUT GROVE, FL. 33123-6849
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.
x detaliqued x 4/20/01
(Date)
CASTRA A FERNANDEZ PRESIDENT
(Printed or typed name and title)
daving been named as registered agent and to accept service of process for the above stated corporation. I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete efformance of my duties, and I am familiar with and accept the obligation of my position as egistered agent.
x location the solar
(Signature of Registered Agent) (Date)
signing on behalf of an entity:
(Typed or Printed Name)
(Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)