

Is 2/28/03  
RA/RO

Allstate Insurance Company  
E. Jacob & Associates Inc.  
10200 NW 25 Street Suite 112  
Miami, Fl. 33172  
Tel. 305-591-7474  
Fax 305-591-7427

February 18, 2003

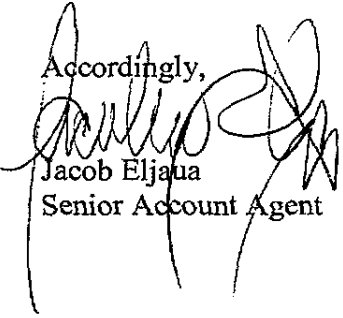
Florida Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern:

Attached is transmittal letter and statement of change of rgistered office or registered agent. Please process change and send all completed documents to the new registered agent.

Attached are two checks for \$35.00.

Accordingly,



Jacob Eljaua  
Senior Account Agent

**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 statement of change is submitted for a corporation organized under the laws of the State of  
FLORIDA in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: NELLIE BARRIOS, INC.
2. The principal office address: 7000 WEST 12 AVENUE #10  
MIAMI, FLORIDA 33114
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: July 5, 2000 Document number: P000006543

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

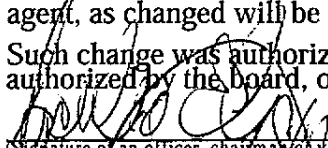
MARYANNE LUKACS, ESQUIRE  
1825 CORAL WAY  
MIAMI, FLORIDA 33145

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

JACOB ELJAU  
10200 NW 25th STREET Suite 112  
(P.O. Box or personal mailbox NOT acceptable)  
MIAMI, FLA. 33172

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, or the corporation has been notified in writing of the change.

  
(Signature of an officer, chairman or vice chairman of the board)

PRESIDENT

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.

  
(Signature of Registered Agent)

2/17/03

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

FILED  
03 FEB 25 PM 2:07  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE