PD10000440a1

(Requestor's Name)	
MASTFR ACCOUNTANTS, PA 9240 SUNSET DR. SUITE#229 MIAMI, FL 33173	
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11/05/04--01009--001 **35.00

OL NOV -5 PH 4: 43

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

Pursuant to the prov statement of change in order to		a corporation o	rganized u	nder the law	rs of the State	of FLO		<u>A</u>
1. The name of the c		* **					<i>p</i> .	
2. The principal office	ce address:	26000	5 W	ITTAV	e Hou	restep.	1	PL.
33031								
3. The mailing addre	ss (if different):	9240	SUU	set :	brive.	Suited	f as	19
	FL 3							
4. Date of incorporate	tion/qualification	05/02/2	2001	Document n	umber: _ P	01000	0 44	10 21
5. The name and stre Florida Departmen	et address of the							
_1	REMOLINA	, Poul	I			AHA A	Ot WOV.	T
	4210 SW	WG AV	<u>e</u>			SSEE.	2	1
14	IAM, FL	33196	···			FLC.	PH 4:4	
6. The name and stre (if changed);	et address of the	new registered	agent (if cl	hanged) and	/or registere	d officeDA	43	
	6501/12R	MO DIÁ	2					
_2	240 SUN	SET DR	<u> ح</u>	cite f	229			
					•			
<u> </u>	IAMI F.	(33,	/73_					
The street address o as changed will be i	f its registered o dentical.	ffice and the st	reet addre:	ss of the bus	siness office	of its register	ed age	nt,
Such change was au authorized by the bo	thorized by reso pard, or the corp	lution duly add oration has bee	pted by it n notified	s board of d in writing c	lirectors or b	y an officer see.	0	
Signature of	an officer or director)	2		4060	CA	STRO		_
I hereby accept the a further agree to co of my duties, and I a document is being ficorporation has been		registered agen ovisions of all and accept the flect a change i ting of this cha	t and agre statutes re obligation in the regi. nge.	ee to act in the lative to the of my posistered office	this capacity e proper and ition as regi e address, I	, l complete per stered agent hereby confirm	rformai Or, if t n that t	nce his he
	1			11-03	7-200 (Date)	<i>م</i> و		
(Signatur	e of Registered Agent	***			(Date)			_
If signing on behalf	of an entity:	- 	·					
Gurller	or Printed Name)							

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