## P01000053482

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





200043163682

12/16/04--01035--004 \*\*35.00



P.A. Charge 12-21-04

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Alain Arrieta, Inc. (Name of corporation)
DOCUMENT NUMBER: P01000053482
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:
(Name of contact person)
Alain Arrieta Inc. (Firm/Company)
14236 SW 158 PL (Address)
Miami Fl 33196 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (305) 234-9253 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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

		ons 607.0502, 617.05						1
		r a corporation orga stered office or regisi					<u> </u>	<u>)</u> 4
			· ·					
1. The name of the	e corporation:	Algin A 14236	511 150	OI.			u	<del></del>
2. The principal o	ffice address:	1960	200 13B	101				
	<del></del>	'	F1 33	176				
3. The mailing add	dress (if different)	15						
4. Date of incorpo	pration/qualification	on: 5/30/01	Docume	ent number:	<sup>2</sup> 0100c	 >>> 53	482	2
5. The name and s Florida Departn		ne current registered a	agent and regist	tered office on	file with	the		
_		Alain Avr	ieta					
_		161 E 5	5 57					
_		Higlogh,	F1 330	1/3		I	~ `	
6. The name and s (if changed):		, ne new registered age	, , ,	_	ered office	SECRE	2004 DEC	7
_		Alain Arri 14236 SW (P.O. Box NOT acceptable	ieta	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	TARY	200	-
		14236 SW	158 P	2		TIP TIP	<b>=</b>	m
_		(P.O. Box NOT acceptable	e)		- · - · _ ·	STA	9	U
_		Miami, F	-1 33191	6	<u> </u>	DE	53	
The street address as changed will b	s of its registered e identical.	office and the street	address of the	business offi	ce of its i	register	ed age	nt,
Such change was authorized by the	authorized by res board, or the cor	solution duly adopte poration has been no	d by its board otified in writi	of directors o ng of the char	r by an of ige.	fficer so	5	
	of an efficer or director			Alain Av	cieta	- Pre	side	ent
		ry s registered agent ar provisions of all sta in and accept the ob reflect a change in the riting of this change				•	formar Or, if t n that t	nce his he
(Sign	plure of Registered Age	nt)		12)14 (Date)	04			
If signing on beha	alf of an entity:			, ,				
Alain A	Arrieta							
	oed or Printed Name)				74-			

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