

PO1000066543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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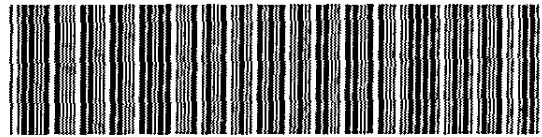
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JS Marketing, Inc.

(Name of corporation)

DOCUMENT NUMBER: P01000066543

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:

Millie Perdomo

(Name of contact person)

Miriam De Toro CPA PA

(Firm/Company)

231 Altara Avenue

(Address)

Coral Gables, Florida 33146

(City/state and zip code)

For further information concerning this matter, please call:

Millie Perdomo

(Name of contact person)

at (305

) 448-1648

(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

04 JUL 23 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation: JS Marketing, Inc.

2. The principal office address: 1808 North University Drive
Plantation, Florida 33322

3. The mailing address (if different): 231 Altara Avenue
Coral Gables, Florida 33146

4. Date of incorporation/qualification: 07/06/2001 Document number: P01000066543

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

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

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.

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.

J. S. Chaudhary 7-19-04
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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