

2003/SEP/09/TUE 01:30 AM

RELANDO TALLAHASSEE

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC..
Account Number : 071324000655
Phone : (305) 541-0790
Fax Number : (305) 541-4015

RECEIVED

03 SEP -9 PH 2:30

DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

LOU'S RESP. SUPPLIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

03 SEP 11 PH 2:00

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 10, 2003

LOU'S RESP. SUPPLIES, INC.
450 NW 32 AVE
MIAMI, FL 33166

SUBJECT: LOU'S RESP. SUPPLIES, INC.
REF: P01000071376

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

FAX And. #: E03000271882
Letter Number: 603A00050210

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DIVISION OF CORPORATIONS

H03000271882

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: LOU'S RESP. SUPPLIES, INC.
2. The principal office address: 450 N.W. 32 AVE
MIAMI FL 33166
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7-19-2001 Document number: P01000071376
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
ALEXIS LOPEZ
450 N.W. 32 AVENUE
MIAMI FL 33166
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CALIXTO E. ROMERO
6510 HWY 17-92 LOT 12
(P.O. Box or personal mailbox NOT acceptable)
HAINES CIL, FL 33844

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

CALIXTO E. ROMERO 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]
(Signature of Registered Agent)

9-9-2003
(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

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PREPARED BY
CALIXTO E. ROMERO
6510 HWY 17-92
LOT 12
HAINES CIL, FL 33844

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TALLAHASSEE, FLORIDA