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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporat	ions								
SUBJ	JECT:	PROMOS LATIN A	AMERICA, INC.							
	(Name of corporation)									
DOC	UMENT NUMBER:_	P0200002667	76	<u> </u>						
The e	enclosed Statement of C	hange of Registered Of	ffice/Agent and fee a	re submitted for filing.						
Please	e return all corresponde	nce concerning this ma	tter to the following	:						
		ANI	A MORALES							
	 	(N	ame of person)							
		ለ እነገ <i>ለ ከተ</i> ረነው ለ ነ	LES & ASSOCIATE	ra						
			e of firm/company)	15						
		,	. •							
		15354 SW 4	1 TERRACE							
-			(Address)							
		MIAMI, FLO								
		(City/s	state and zip code)							
For fi	urther information conce	erning this matter, pleas	se call:							
	ANIA MO	ORALES	at (305) 300-3907 Area code & daytime telephone number)						
	(14411)	or person)	(Area code & dayinhe terephone number)						
Enclo	osed is a \$35.00 check n	nade payable to the Dep	partment of State.							
	Mailing Address Amendment Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	orations		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

Pursuant to the p	rovisions of sections 607.0502, 617.0502, 6	07.1508, or 617.1508, i	Florida Statutes,	this state	ment o	f
change is submitt	ed for a corporation organized under the la	ws of the State of	FLORIDA		_in ord	ler
to change its regi	stered office or registered agent, or both, in	the State of Florida.				
1. The name of th	e corporation: PROMOS LATIN AMERI	ICA, INC	· · · · · · · · · · · · · · · · · · ·	TALLY SECO	2	
2. The principal of	ffice address: 555 SOUTH FEDERAL H	WY SUITE 350	· · · · · · · · · · · · · · · · · · ·	<u> </u>	JAN .	C
BOCA RATO	N, FLORIDA 33432			SE	20	
3. The mailing ad	dress (if different): 555 SOUTH FEDER	AL HWY SUITE 350	·		T	
BOCA RATO					ಧ	
4. Date of incorp	oration/qualification: 03/11/2002	Document number: _	P02000026676		90	
5. The name and Florida Depart	street address of the current registered agen nent of State:	t and registered office o	n file with the			
	ANITA TIMOTHEO			_		
	50 MENORES AVENUE SUIT	E 514		_		÷
	CORAL GABLES, FLORIDA 33	3134		_		
6. The name and (if changed):	street address of the new registered agent (i	f changed) and /or regis	stered office			
,	PEDRO VERGARA	<u></u>		_		-
555 SOUTH FEDERAL HWY SUITE 350						
	(P.O. Box or personal mailt	oox NOT acceptable)				
	BOCA RATON, FLORIDA 33432					
The street addre	s of its registered office and the street add	dress of the business of	ffice of its regist	ered age	nt, as	
Such change wa the board, or the	s authorized by resolution duly adopted by corporation has been notified in writing of	y its board of directors of the change.	or by an officer	so autho	rized b	у
	VUAL	PEDRO D .	VERGARA			
•	chaine of an officer or director)	(Prin	led or typed name and			
I hereby accept I further agree to duties, and I am being filed mere been notified in	he appointment as registered agent and a comply with the provisions of all statute familiar with and accept the obligation of y to reflect a change in the registered offwriting of this change.	gree to act in this cape s relative to the proper f my position as registe ice address, I hereby c	acity. r and complete pered agent. Or, confirm that the confirmation	Co	mmissio	n #DD19212.
	4-11	11/25/	C	کا : ۱۵۰ کا درونا درونانانانانانانانانانانانانانانانانانانا	pires: / Bond	Apr 01, 200 led Thru
	Signature of Registered Agent)		(Date)	ይስጥ' At	lantic Bo	nding Co., Inc
If signing on bel	alf of an entity:					
	The death of the day		(Company)		- ··	<u>.</u>
	(Typed or Printed Name)		(Capacity)			

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