## P0200042552

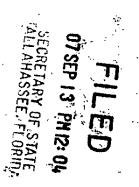
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)	, , , , , , , , , , , , , , , , , , ,	
(	<b>,</b>		
	101 - 17: 1DI	(0)	
(Cit	y/State/Zip/Phone	<del>:</del> #)	
. PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(54	omodo Emily Ham	,	
(Do	cument Number)		
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to	Cilina Officari	· 1	
Special instructions to	Filing Officer.		

Office Use Only



200109219122

09/13/07--01030--017 \*\*35.00



0x 0, 2, 0

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: DIESTRA ENTERP	PRISES, INC (Name of Corporation)
DOCUMENT NUMBER: P02000	046674 42552
	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence conc	
LUIS BONILLA	
	(Name of Contact Person)
DIESTRA ENTE	ERPRISES, INC (Firm/Company)
789 LAVENDER	CIR (Address)
WESTON,FL 333	27
	(City/State and Zip Code)
For further information concerning th	is matter, please call:
JUAN C. BONILLA (Name of Contact Personnel Per	at ( 305 ) 331-0044 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made pay	able to the Department of State.
Mailing Add Amendment Division of P.O. Box 63 Tallahassee	Corporations Division of Corporations Clifton Building

Tallahassee, FL 32301

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute hange is submitted for a corporation organized under the laws of the State of Floric	da	<del>^</del>
in orde	der to change its registered office or registered agent, or both, in the State of Florida	а.	-
1. The name of t	f the corporation: DIESTRA ENTERPRISES, INC		
2. The principal	al office address: 789 LAVENDER CIRCLE WESTON, FL 33327		
3. The mailing a	g address (if different):		
4. Date of incorp	prporation/qualification: 04/19/2002 Document number: P0200004255	52	<del></del>
	nd street address of the current registered agent and registered office on file with the partment of State:	SE 9	) 
	Harry Samuels #	HET SEP	71
	2901 Stirling Road, Suite 307	ARY 3	
	Fort Lauderdale, FL 33312	<b>PH 12: 04</b> Of STATE	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registere	TATE	
	Juan C. Bonilla	٠.	
	19143 South Gardenia Ave		
	(P.O. Box NOT acceptable) Weston,FL 33332		
The street addreas changed will	dress of its registered office and the street address of the business office of its registered.	istered a	gent,
	was authorized by resolution duly adopted by its board of directors or by an office the band of the comparation has been notified in writing of the change.		
(Signati	Luis E. Bonilla / DTS  (Printed or typed name and title)		<del></del>
I hereby accept I further agree of my duties, an document is be corporation ha	pt the appointment as registered agent and agree to act in this capacity. e to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age being filed morely to reflect a change in the registered office address, I hereby con as beauthotified in writing of this change.	e perforn ent. Or, nfirm tha	nance if this at the
<u> </u>	1   2007   (Signature of ff)		
If signing on be	behalf of an entity:		
- (	(Typed or Printed Name)		

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