## P02000075518

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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SECRETAGE STATE DIVISION OF CORPORATION

## EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): 1. YOUS TO THE Comporation Name) (Document #) 2. (Corporation Name) (Document #)

 NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

Walk in

Mail out

(Comporation Name)

(Corporation Name)

Pick up time

Will wait

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
<b>J</b>	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

(Document #)

(Document #)

Certified Copy

Certificate of Status

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Photocopy

Examiner's Initials	
ì	

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

Pursuant to the	e provisions of se	ctions 607.0502, (	517.0502, 607.1508,	or 617.1508, F	lorida Statutes,
-	f change is submit	tted for a corporat	ion organized under	the laws of the S	State of
Florida	in order to	change its regist	ered office or registe	ered agent, or bo	oth, in the State
of Florida.	,				
	the corporation:			<del></del>	<del></del>
2. The principal	office address:1	3951 SW 66th Stre	et, Suite A-908, Mian	il, Florida 33183	TO TO
					星色 60
2 The mailing	address (if differer	·+\.			
3. The maning i	address (ii differei				······································
		5db. 44, 00			
4. Date of incor	poration/qualifica	tion:July 11, 20	Docume:	nt number: P02	1000075518
		the current registe	ered agent and registe	ered office on file	e with the
riorida Depa	rtment of State:				
	Gustavo A. Gom	ez			
	14611 S.W. 88th	Street, L-209			
	Miami, Florida	33186			
6 The name a	nd street address	of the new registe	ered agent (if change	ed) and /or regi	stered office (if
changed):		•	rad above (re armine	ou, and , or regin	300000 012.000 (-1
	Margarita de Serr	a 			
	13951 S.W. 66th	Street, Suite A-908			
	Minus Clasida OC	(P.O. Box or personal m	atibox NUT acceptable)		· · · · · · · · · · · · · · · · · · ·
	Miami, Florida 33	<del></del>			
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	reet address of the b		
Such charge w authorized by t	as authorized by the board, or the co	esolution duly adorporation has been	opted by its board of in notified in writing	directors or by of the change.	an officer so
Milles	r, chairman or vice chairtí	an of the board	Gustavo Gomez, V	ice-President	
Werehy accent			•		
I further agrée	to comply with the	e provisions of all	nt and agree to act i statutes relative to and accept the oblig	the proper and a	complete
registered ager	it. Or, if this doci	ment is being file	and accept the oblig d merely to reflect a on has been notified	change in the r	egistered
office tituli ess,	THE EDY GORGAN	inal the corporali		20 - 03	a change.
<del></del>	Signature of Registered Ag	(ent)		(Date)	
If signing on beha	If of an entity:				
<del></del>	Timed or Printed Name)	<del></del>		(Consein)	