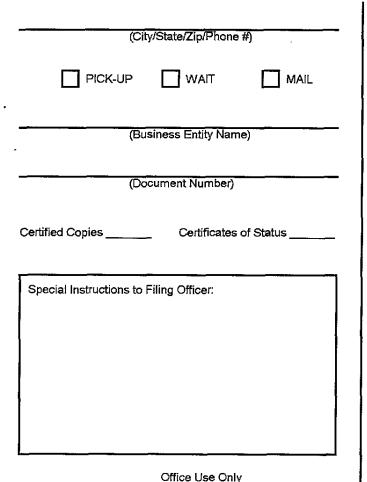
P02000080987

REINER & REINER, P.A.

9100 South Dadeland Blvd., Suite1408 Miami, Florida 33156-7816





300020931743

06/30/03--01091--003 **35.00



7/0 Charge Mm 7/4/03

TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

C & D INIVESTMENTS	OE COUTU EL	ODIDA INO					
SUBJECT: C & D INVESTMENTS OF SOUTH FLORIDA, INC. (Name of corporation)							
DOCUMENT NUMBER: P02000080987							
The enclosed Statement of Change of	of Registered	Office/Age	nt and fee are submi	tted for filing.			
Please return all correspondence cor	ncerning this r	natter to the	following:	-			
SAMUEL B. REINER, II, ESQ.	on)						
REINER & REINER, P.A. (Name of firm/com	ipany)			, TW	, 4		
9100 SOUTH DADELAND BOULEVA (Address)	RD, SUITE 140	08	Land Company of the C		3		
MIAMI, FLORIDA 33156-7816 (City/state and zip	code)						
For further information concerning t	this matter, ple	ease call:					
SAMUEL "CLAY" REINER (Name of person)	at (_	305 (Area code d	670-8282 & daytime telephone	number)			
Enclosed is a \$35,00 check made page	yable to the D	epartment o	of State.				
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Division of C 409 E. Gaine Tallahassee,	Section Corporations s Street	5				

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

	•		502, 607.1508, or 617.150				
this statement o FLORIDA		-	ganized under the laws of ffice or registered agent,	-			
of Florida.			SOUTH FLORIDA, INC.	,			
				The state of the s			
2. The principal	office address: 13985	SOUTHWEST 140	TH STREET; MIAMI, FLOR	IDA 33186			
The mailing	address (if different):						
J. The maining	address (if different)			- Tri			
4. Date of incor	poration/qualification: _	07/24/2002	Document number:	P02000080987			
	d street address of the cr rtment of State:	urrent registered a	gent and registered office of	on file with the			
	SAMUEL B. REINER,	II, ESQ.					
	7700 NORTH KENDALL DRIVE, SUITE 303						
	MIAMI, FLORIDA 331	56-7559					
6. The name a	nd street address of the	new registered a	gent (if changed) and /or	registered office (if			
changed):	SAMUEL B. REINER, II	, ESQ.					
	9100 SOUTH DADELAND BOULEVARD, SUITE 1408						
	(P.O. Box or personal mailbox NOT acceptable) MIAMI, FLORIDA 33156-7816						
The street addragent, as chang	ess of its registered offi ed will be identical.	ce and the street a	address of the business of	fice of its registered			
Such change was	as authorized by resolu he board for the corpora	tion duly adopted ation has been not	by its board of directors of the cha	or by an officer so nge.			
- V/ レン	M/\sim		Samuel B. Reiner, II / Atto	orney			
I hereby accept I further agree performance of registered ager office address,	to coniply with the profing duties, and I am fail. Or, if this document thereby confirm that the	gistered agent and visions of all statu miliar with and a t is being filed mer	(Printed or typed name and ti I agree to act in this capa tes relative to the proper ecept the obligation of my ely to reflect a change in s been notified in writing JUNE 26, 2003	city. and complete position as the registered			
/	Signature of Registered Agent)		(Date)				
If signing on beha	ii oi an enuiy:						
	Typed or Printed Name)		(Capacity)	**			

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