

PO20000117815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

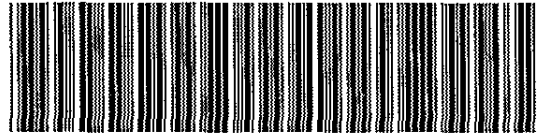
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800081381688

Change

11/13/06--01004--009 **35.00

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
06 NOV 13 AM 8:36

2006 NOV 13 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ASR
11/13/06

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. FRUIT TROPICAL INC

(Corporation Name)

(Document #)

2. _____

(Corporation Name)

(Document #)

3. _____

(Corporation Name)

(Document #)

4. _____

(Corporation Name)

(Document #)

☒ Walk in

☒ Pick up time

2.00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

**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: FRUIT TROPICAL, CORP.
2. The principal office address: 11020 PEMBROKE RD STE 244
MIRAMAR FL 33025
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/21/2002 Document number: P02000117815
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LUIS A SANCHEZ

1904 S OCEAN DR APT 1105

HALLANDALE FL 33009

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ANDRES OGIASTRI

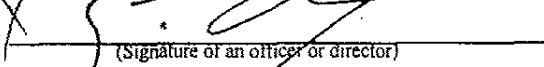
1904 S OCEAN DR APT 1105

(P.O. Box NOT acceptable)

HALLANDALE FL 33009

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.

X 
(Signature of an officer or director)

CAMILO AFANADOR
(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.

V 
(Signature of Registered Agent)

OCTOBER 30, 2006
(Date)

If signing on behalf of an entity:

ANDRES OGIASTRI
(Typed or Printed Name)