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(R	equestor's Name)			
(A	ddress)			
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(Document Number)				
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4,14,04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporation	ıs
SUBJECT:	GROUP BETA COM, INC. (Name of corporation)
DOCUMENT NUMBER:	P03000025715
The enclosed Statement of Char	age of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
•	
	Mauricio Bedoya
	(Name of person)
	Group Beta. Com, Inc.
	(Name of firm/company)
	Group Beta. Com, Inc. (Name of firm/company) 8306 Mills Drive (Address)
	(Address)
#390-	Miami, Florida 33183-4838 Prof. (City/state and zip code)
For further information concern	ing this matter, please call:
	cio Bedoya at 305 987-6532 f person (Area code & daytime telephone number)
(Name o	(Area code & daytime telephone number)
Enclosed is a \$35.00 check mad	le payable to the Department of State.
Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	tions Division of Corporations 409 E. Gaines Street

TO:



April 7, 2004

MAURICIO BEDOYA GROUP BETA.COM, INC. 8306 MILLS DRIVE #390 MIAMI, FL 33183-4838

SUBJECT: GROUP BETA.COM, INC.

Ref. Number: P03000025715

We have received your document for GROUP BETA.COM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 604A00022802

Irene Albritton Document Specialist

And the tribular concential the fillight of some domained primers

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

1. The name of the corpora	tion: GROUP BET	A.COM. INC.	
2. The principal office addr	ress: 8306 Mill	s Drive	
		ni, Florida 33183-483 6	
4. Date of incorporation/qu	alification: 3/4/2003	Document number:	002571
5. The name and street address Florida Department of St		at and registered office on file with the	:
·- · · · · · · · · · · · · · · · · · ·	Capital Conr	ection, Inc.	-
	417 East Vir	ginia STreet	
	Suite 1-Tall	ahassee, Fl 32301-128	TALLAHASSEE, FLO
6. The name and street add (if changed);		if changed) and /or registered office	LAHASSER
	Mauricio Bed		— <u>"</u>
	8306 Mills I		<u> </u>
	Miami, Flori		
The street address of its rechanged will be identical.	gistered office and the street ad	dress of the business office of its reg	istered ag
Such change was authorize the board, or the corporation	ed by resolution duly adopted boon has been notified in writing o	y its board of directors or by an offic of the change.	er so auth
	officer or director)	President (Prunted or typed name a	ind title)
I hereby accept the appoin I further agree to comply a duties, and I am familiar v being filed merely to refec been notified in writing of	ntment as registered agent and a with the provisions of all statute with and accept the obligation o ct a change in the registered off this change.	gree to act in this capacity s relative to the proper and complete f my position as registered agent. O ice address, I hereby confirm that the	e performe r, if this d e corpora
M	dan	3/23/04	_

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