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(Re	questor's Name)	-
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(Cit	y/State/Zip/Phon	e#)
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nai	me)
(Do	cument Number)	,
Certified Copies	_ Certificate:	s of Status
Special Instructions to F	Filing Officer:	
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11/26/03-01022--011 **35.00

SECRETARY OF STATE

210 drg.

FILED

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporat	ions		
SUBJECT:		DDY PIERCING,	INC
	(Name	e of corporation)	
DOCUMENT NUMBER:_1	203000033972		
The enclosed Statement of Cl	nange of Registered Offi	ce/Agent and fee	are submitted for filing.
Please return all corresponde	nce concerning this matte	er to the following	3:
	HEN	RY MEDINA	
	(Nar	ne of person)	
	MEDIN.	A GROUP, INC	
	(Name o	of firm/company)	
	7220 NW (36 ST SUITE 30:	
		Address)	
	MIAMI	, FL 33166	
		ate and zip code)	
For further information conce	eming this matter please	call.	
or ranner information conec	aning and matter, prease	Can.	
TT Y''			
HENRY MEDINA	of person)	at (305 4774950 (Area code & daytime telephone number)
(14611)	of person)		(Area code & daytime telephone number)
Enclosed is a \$35.00 check m	ade payable to the Depa	rtment of State.	
Mailing Address	:		Street Address:
Amendment Secti	on		Amendment Section
Division of Corpo P.O. Box 6327	ranons		Division of Corporations 409 E. Gaines Street
Tallahassee, FL	2314		Tallahassee, FL 32399

TO:

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

Pursuant to the p	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the ted for a corporation organized under the laws of the State of $_ ext{FLORIDA}$	iis statement in c	t of order
	istered office or registered agent, or both, in the State of Florida.	= = = = = = = = = = = = = = = = =	71 Ltg.7
	he corporation: EROS BODY PIERCING, INC		
2. The principal	office address: 8051 W 24 AVE BAY #16		
	HIALEAH, FL 33016		
3. The mailing a	ddress (if different):		 ·
4. Date of incorp	oration/qualification: 03/25/2003 Document number: P03000033972		
	street address of the current registered agent and registered office on file with the tment of State:	·	
	ELVIN MARTINEZ	•	
	9631 FONTAINEBLEAU BLVD #309		
	MIAMI, FL 33172	.	
6. The name and (if changed):	The name and street address of the new registered agent (if changed) and /or registered office (if changed):		03 NO
	ELVIN MARTINEZ	TAR	NOV 26
	8051 W 24 AVE BAY #16	K Of	₽.
	(P.O. Box or personal mailbox NOT acceptable)	107. VLS	$\frac{1}{2}$
	HIALEAH, FL 33016	AT A	91
The street addre	ss of its registered office and the street address of the business office of its registere identical.	ed agent, as	
Such change wa	sauthorized by resolution duly adopted by its board of directors or by an officer so corporation has been notified in writing of the change.	authorized	l by
	mature of anothers of director) ELVIN MARTINEZ-P	RESIDENT	<u>r</u>
veing filea mere	le appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete per familiar with and accept the obligation of my position as registered agent. Or, if i lyto reflect a change in the registered office address, I hereby confirm that the cor writing of this change.	formance o this docume	f my nt is is
\mathcal{I}	m Garl 11/24/2003	-	
	Signature of Regyltered Agent) (Date)		
If signing on bel	nalf of an entity:		
	(Typed or Printed Name) (Canacity)		

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