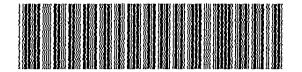
## P0300058450

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

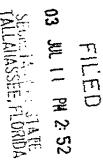
Office Use Only



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07/11/03--01029--016 \*\*35.00



ADR 7/16/03

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Supreme Capital Group Corp (Name of corporation)	
DOCUMENT NUMBER: PO3000 58450	お 
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fili	ng.
Please return all correspondence concerning this matter to the following:	-
Natalia Wolf (Name of person)	<u>, a : ==</u> :
(Name of firm/company)	4
17555 Collins Ave #TS-5 (Address)	gala-servi
Survey Isles Fl 33160 (City/state and zlp code)	
For further information concerning this matter, please call:	
Natalia Wolf at (786) \$59-6989  (Name of person) (Area code & daytime telephone number)	
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(07/02)

## 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, Plorida Statutes this statement of change is submitted for a corporation organized under the laws of the State of 1 in order to change its registered office or registered agent, or both, in the State 52 of Florida. 1. The name of the corporation: 2. The principal office address: 33160 3. The mailing address (if different): Document number: PO300058450 4. Date of incorporation/qualification: \_C5128103 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Auc # 75-5 33160 Ŧ 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): pck evillo P.O. Box or personal mailbox NOT acceptable) FI 33160 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. U)OL Acsident Natalia Wo chairman or vice chairman of the board) (Signature of an officer 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 reliect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. 7/10/03

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

(Date)

(Capacity)

ignature of Registered Agent)

(Typed or Printed Name)

If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314