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



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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R.A. Change

C. CoulHette JUL 1 8 2006

COVER LETTER

| O: Amendment Section Division of Corporations | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| UBJECT: Gissa Fine Parcelain, Inc (Name of Corporation) | | | | | | | | |
| DOCUMENT NUMBER: PO 30000 63402 | | | | | | | | |
| he enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | | | |
| Filiberth Ocampo (Name of Contact Person) | | | | | | | | |
| Gissa Fine Parcelain, inc | | | | | | | | |
| | | | | | | | | |
| 9001 NW 193 Ferrace | | | | | | | | |
| (Address) | | | | | | | | |
| Miami (akes, FL 33018 (City/State and Zip Code) | | | | | | | | |
| or further information concerning this matter, please call: | | | | | | | | |
| Tillberth Ocampo at 305, 588-561/ (Name of Contact 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| statement of chai | nge is submitte | | ion organize | ed under th | e laws of the S | itate of | orido | <u>i</u> | |
|--|--|---|---|--|------------------|-----------------------|--------------------------------------|----------------------------|-------|
| | | 6 | | ine | Porce | | | <u> </u> | |
| 1. The name of the | • | | NW NW | 193 | | | | | |
| 2. The principal of | oince address: | Hiala | | = L | 330 | | | | |
| 3. The mailing ac | ddress (if differ | | <u> </u> | | | | | | |
| 4. Date of incorp | oration/qualific | ation: Une 9 | ,2003 | Docum | ent number: _ | P03 | 0000 |)6 <u>3</u> | 40 |
| 5. The name and Florida Depart | | of the current re | gist cred age | nt and regis | stered office or | n file with th | ie | | |
| • | | Giovan | na O | cami | 20 | | | | |
| | | 9001 | NU | 193 to | emace | | ⊼ _S | 2 | |
| | | Mian | ni, F | L 33 | 018 | | ECRE | 901 JUL 10 | |
| 6. The name and (if changed): | | | | | | | ETARY OF STATE HASSEE. FLORIDA | L 10 AM | FILED |
| | q | Filib 1001 N | | 3 - | errace | | STATE ORIDA | 8: 22 | |
| | · · · · · · · · · · · · · · · · · · · | (P.O. Box NO Miami | • | S, F | L 330 | 18 | | | |
| The street address as changed will be | ss of its registe be identical. | red office and t | the street ad | dress of th | e business off | lice of its re | gist ered a | igent, | |
| Such change was authorized by the | s authorized by board, or the | resolution dul corporation ha | y adopted b s been notifi | y its board ied in writ | of directors o | or by an offi nge. | cer so | | |
| Qua | na Dour | n per | | |) ou co | na C | can | 1/20 | |
| I hereby accept to further agree to of my duties, and occument is bein corporation has | he appointmen comply with I I am familiar og filed merely | y it as registered the provisions o with and accep to reflect a cho | of all statute of the obliga mae in the r | igree to ac s relative i tion of my egistered o | t in this canac | rity | te perfort ent. Or, onfirm the | nance if this at the | |
| Tilebe | N4 C | Tours | <u> </u> | · · · · · · · · · · · · · · · · · · · | 6 2 | 3/200 | 96 | ····· | |
| f signing on beh | _ | , | | | (LAUC) | , | | | |
| (Tv | med or Printed Nam | -) | | • | | | | | |

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