## P03000130766

(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



800037807338

06/14/04--01079--010 \*\*70.00

O4 JUN 14 AM 11: 56

111

the gap

## TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: ACOYMA MIAMI CORP.				
(Name of corporation	a)			
DOCUMENT NUMBER: P03000130766				
The enclosed Statement of Change of Registered Office/Agent and for	ee are submitted for filing.			
Please return all correspondence concerning this matter to the follow	ing:			
ALFONSO LOPEZ PRIETO				
(Name of person)				
ACOYMA MAMI CORP. (Name of firm/compan)				
(wante of inniveompan	у)			
7819 NW 15 STREET				
(Address)				
MIAMI, FLORIDA 33126				
(City/state and zip code	<b>2)</b>			
For further information concerning this matter, please call:				
EDVECTO CANOLIET				
ERNESTO SANCHEZ at (Name of person)	( 786 ) 200-6141 (Area code & daytime telephone number)			
• /	,			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	409 E. Gaines Street Tallahassee, FL 32399			

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

change is submi	provisions of sections 607.0502, 617.0502, 6 ited for a corporation organized under the la zistered office or registered agent, or both, in	aws of the State of FLORIDA	tes, this statement of in order
	the corporation: ACOYMA MIAMI CORP	t the State of Pioriaa.	
	office address: 7819 NW 15 STREET MIA	MI, FLORIDA 33126	
3. The mailing a	address (if different): SAME		
4. Date of incorp	poration/qualification: 11/12/2003	Document number: P030001307	<b>'</b> 66
	d street address of the current registered agent rtment of State:	t and registered office on file with th	e
	JUAN C CLAVIJO		
	1701 NE 191 STREET UNIT 218 MIAMI,	FL 33179	<del></del>
6. The name and (if changed):	d street address of the new registered agent (i	f changed) and /or registered office	O4
	7819 NW 15 STREET  (P.O. Box or personal mail	pox NOT acceptable)	——————————————————————————————————————
	MIAMI, FL 33126	,	ASSE ASSE
The street addre	ess of its registered office and the street additional.	dress of the business office of its re	gistered agent as
Such change wa	as authorized by resolution duly adopted be corporation has been notified in writing of	y its board of directors or by an offi of the change.	cer Anthogged by
-	Mauri Jar 2	ALFONSO LOPEZ PRIETO	
I hereby accept I further agree t duties, and I an being filed mere been notified in	the appointment as registered agent and a to comply with the provisions of all statute a familiar with and accept the obligation o ely to reflect a change in the registered off writing of this change.	gree to act in this capacity. s relative to the proper and comple f my position as registered agent. ( ice address, I hereby confirm that th	te performance of my Or, if this document is ne corporation has
v Com	Albumitores	JUNE 11, 2004	
If signing on be	(Signature of Registered Agent)	(Datc)	
	(Typed or Printed Name)	(Capacity	)

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