P04000025957

Florida Department of State

Division of Corporations
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To:
     Division of Corporations
     Fax Number       : (850)205-0380

From:
     Account Name     : YOUR CAPITAL CONNECTION, INC.
     Account Number   : I20000000257
     Phone            : (850)224-8870
     Fax Number       : (850)224-7047
```

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REGISTERED AGENT CHANGE

CAAM SERVICES, INC.

Certificate of Status	0
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Capital Connection, Inc.

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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, Florida Statutes, the undersigned corporation, organized under the laws of the State of ________ submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAAM SERVICES, INC.

2. The mailing address of the corporation: 7215 N.W. 173rd DRIVE SUITE 1003 MIAMI FLORIDA 33015

3. Date of incorporation/qualification: MARCH 2 2004 Document number: P04000025957

4. The name and address of the current registered agent and office:

WILLIAM E. DOYLE, ESQ.
2002 SOUTHSIDE BLVD. SUITE 201
JACKSONVILLE, FL. 32216

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

MANUEL ARTHUR MESA
1313 S.W. 1st STREET
MIAMI, FLORIDA 33135

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.

[signature] 3/6/06
(Signature of an officer, chairman or vice chairman of the board) (Date)

Alberto Helchan - President
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

[signature] 3/7/06
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:
MANUEL ARTHUR MESA Registered Agent
(Typed or Printed Name) (Capacity)

*** FILING FEE: $35.00 ***

CR2E045(3/00) Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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