P04000053275

(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:



200038375882

07/19/04--01039--005 **35.00

T ILEU

R.A. change

Office Use Only

TBROWN JUL 2 3 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations								
SUBJECT: ISRAEL LOPEZ CORPORATION (Name of corporation)								
(Name of Corporation)								
DOCUMENT NUMBER: <u>P0400053275</u>								
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
PAUL A. BARTHOLE. (Name of person)								
BARTHOLE & ROSARIO (Name of firm/company)								
12930 SW 128 STREET, STE. 102								
MIAMI, FL 33186. (City/state and zip code)								
For further information concerning this matter, please call:								
PAUL A. BARTHOLE at 365 378-6988 (Area code & daytime telephone number)								
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399								

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

Pursuant to the prochange is submitte	d for a corpor	ation organized	l under the la	aws of the S	itate of	orida Statute. FLOKED	s, this statemen Ain c	t of order
to change its regis			ni, or boin, ii FEL LO		_	patio	N.I	
1. The name of the	•						<u>-</u>	
2. The principal of	fice address:_	1873C	SW		AVENO	<u> </u>	,	
			τ , FL	<u> </u>	15.1			
3. The mailing add	dress (if differe	nt):		· · · · · · · · · · · · · · · · · · ·				·
4. Date of incorpo	ration/qualific	ation: MARC	4 26, 200	<u>⊬</u> Docume	nt number: _{	0400	00532	15
5. The name and s Florida Departn	treet address o							
-	Isk	AEL {). <u>Le</u>	PEZ				
<u>-</u>	820	o SW	210	STRE	ET, S	TE. 113		
	MIA	MI, F	1 :	33180	î		12 SE	
6. The name and s (if changed):					and /or registe	red office	SELECTION OF THE PARTY OF THE P	
_		el P.					_ 60	
_	1873	(P.O. Box	W /	O D	AVENT	JE.	— SE	5
_			FL.				Pr.	
The street address changed will be in	s of its registe dentical.	red office and	the street ad	dress of the	e business offi	ce of its regi	stered agent, a	\$
Such change was	authorized by corporation ha	resolution du s been notifie	ly adopted b I in writing	y its board of the chan	of directors o	r by an office	er so authorize	d by
Deen	nature of an office	and .	_		RAEL		- RESIL	EN
I hereby accept the I further agree to duties, and I am placed merely been notified in w	he appointment comply with familiar with a y to reflect a c vriting of this	thas registered the provisions and accept the hange in the re change.	l agent and o of all statute obligation o egistered off	agree to ac es relative t of my positi ice address	t in this capac to the proper c on as register s, I hereby con	ity, and complete ed agent. Or afirm that the	performance of this docume corporation h	of my ent is as
Tora	00	2ml		•	***			
18	ignature of Registe	red Appeal)				(Date)		
If signing on beh	alf of an entity	/:						
	(Typed or Printed)	(ame)	- <u></u>	· · · · · · · · · · · · · · · · · · ·	3	(Capacity)		

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