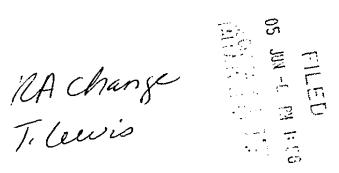
## P04000158184

(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



900054676769



05/19/05--01028--007 \*\*35.00

## **COVER LETTER**

Division of Corporations
SUBJECT: DES VIEUX TELECOM INC. (Name of corporation)
DOCUMENT NUMBER: PO 4000158184
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:
R.C.S. TACK (Name of contact person)
DES VIEUX TELE COM INC. (Firm/Company)
SUITE 211, 840 HY 53 M TERRACE (Address)
DORAL, FLORINA 33166 (City/state and zip code)
For further information concerning this matter, please call:
RCS JAUX (Name of contact person)  at (305) 632-9563 (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
Taliahassee, FL 32314

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



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 24, 2005

R.C.S. JACK DES VIEUX TELECOM INC. SUITE 211, 8410 NW 53RD TERRACE DORAL, FL 33166

SUBJECT: DES VIEUX TELECOM INC.

Ref. Number: P04000158184

We have received your document for DES VIEUX TELECOM INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6905.

Letter Number: 205A00037517

Thelma Lewis
Document Specialist Supervisor

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

statement of change	is submitted fo	ons 607.0502, 617.050 or a corporation organ istered office or registe	ized under th	e laws of the State	of FLORDA
1. The name of the	corporation:	DES YIEUX	TELEC	om Inc.	
2. The principal offi	ice address:	SUITE 211 DORAL, FLI			TERRACE
3. The mailing addr	ess (if different		, raisa	33109	
4. Date of incorpora	ution/qualificati	on: 11/19/200L	L Docum	nent number: PC	14000158184
	eet address of t	he current registered a			
_0	1745E 1940	29Th TERR	9CE,		
	HAMI, F	LOVETOA, 33	72		
(if changed): A	tCS I	STERED ACE, FL. 32351, he new registered ager FACK  8410 NW.  10815A 331  (P.O. Box NOT acceptable)	53M T	ERRALE	
The street address as changed will be	of its registered identical.	l office and the street	address of the	he business office	of its registered agent,
Such change was a authorized by the b	athorized by re loard, or the co	esolution duly adopted reporation has been no	d by its boar otified in wri	d of directors or by ting of the change.	an officer so
I hereby accept the I further agree to c of my duties, and I document is being	omply with the am familiar w fil <b>ed m</b> erely to	ns reaistered naent av	nd agree to a tutes relative ligation of m te registered	to the proper and y position as regist office address, I h	complete performance tered agent. Or, if this ereby confirm that the
(Signate	re of Registered Ag	ent)		h May o	1005
If signing on behal	f of an entity:			$\mathcal{O}$	
RCS SA	d or Printed Name)	ECTOD)			

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