## P04000163656

(Requestor's Name	)
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DIVISION OF CORPORATIONS
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## **COVER LETTER**

TO: Am Div	rendment Section vision of Corporations	
SUBJECT:	: ESTRELLA HOLDINGS, INC.	rporation)
DOCUME	NT NUMBER: P04000163656	<u> </u>
The enclose	ed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please retur	m all correspondence concerning this matter t	to the following:
	VALMANA, LAURA SOLEDAD (Name of Cont	act Person)
	ESTRELLA HOLDINGS INC. (Firm/Con	npany)
	7975 NW 154 STREET, SUITE 3 (Addre	330 ess)
	MIAMI LAKES, FL. 33016 (City/State and	I Zip Code)
For further	information concerning this matter, please ca	II:
VALMANA	, LAURA SOLEDAD (Name of Contact Person)	at ( 305 ) 332-4865 (Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Departn	nent 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

TO:

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

Ž

- *	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of FLORIDA
	or registered agent, or both, in the State of Florida.
1. The name of the corporation: ESTRELLA HOL	DINGS,INC.
2. The principal office address: 7975 NW 145 ST	REET, SUITE 330, MIAMI LAKES, FL, 33016
3. The mailing address (if different):	
4. Date of incorporation/qualification: 11/29/200	04 Document number: P04000163656
5. The name and street address of the current reg Florida Department of State:	stered agent and registered office on file with the
CATUZZI, J P JR.	
465 NORMANDY J.	
DELRAY BEACH, FL, 334	184 <b>E</b>
6. The name and street address of the new registe (if changed):	red agent (if changed) and /or registered office
VALMANA, LAURA SOL	EDAD
7975 NW 154 STREET, S (P.O. Box NOT	UITE 330, MIAMI LAKES, FL, 33016
The street address of its registered office and the as changed will be identical.	ne street address of the business office of its registered agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
(Signature Van officer or director)	VALMANA, LAURA SOLEDAD (Printed or typed name and title)
Thereby accept the appointment as registered a	rigent and agree to act in this capacity.  If all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this tage in the registered office address. Thereby confirm that the
(Stg) (tire of Registered Agent)	4/28/2006 (Date)
If signing on behalf of an entity:	(Date)
VALMANA, LAURA SOLEDAD	•
(Typed or Printed Name)	<del></del>
* * * FIL	ING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)