

PD5000014636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

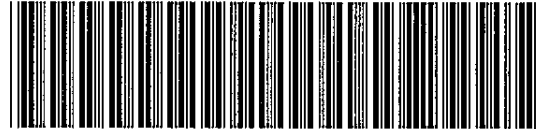
(Business Entity Name)

(Document Number)

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05 APR 15 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/15/05  
Pro chg,  
[Signature]



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 15, 2005

Rosa Alvarez  
Deja Vu Technology, Inc  
P.O. Box 347244  
Coral Gables, FL 33234-7244

SUBJECT: DEJA VU TECHNOLOGY, INC  
Ref. Number: P05000014636

A fee and document is required to change the address of the registered agent which is yourself. The correct form is enclosed.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne  
Senior Section Administrator

Letter Number: 305A00017595

RECEIVED  
05 APR 15 AM 9:21  
DIVISION OF CORPORATIONS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Deja vu Technology, Inc  
(Name of corporation)

**DOCUMENT NUMBER:** P O 50 000 146 36

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:

Rosa M. Alvarez  
(Name of contact person)

Deja vu Technology, Inc  
(Firm/Company)

P.O. Box 317244  
(Address)

Coral Gables, FL 33234-7244  
(City/state and zip code)

For further information concerning this matter, please call:

Rosa M. Alvarez at ( 786 ) 261-6459  
(Name of contact person) (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  
Tallahassee, FL 32314

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

**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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Deja Vu Technology, INC  
2. The principal office address: Equal (File)

3. The mailing address (if different): PO Box 347244  
Oral Gables, FL 33234

4. Date of incorporation/qualification: 1/27/2005 Document number: PO 50 000 146

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Rosa M. Alvarez  
3402 SW 14th St  
Miami, FL 33145

**FILED**  
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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
New Registered agent address (Rosa M. Alvarez)  
2522 NW 13 Ave, Miami, FL 33142  
(P.O. Box NOT acceptable)

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, or the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer or director)

President  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

04/13/2005  
(Date)

If signing on behalf of an entity:  
Rosa M. Alvarez  
(Typed or Printed Name)

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