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SECRETARY OF STATE

R-A. Charge

6. Countrate JUN 1 3 2008

COVER LETTER

TO: Amendmen Division of	t Section Corporations	
SUBJECT: Addre	ss change (Name of Co	orporation)
DOCUMENT NUI	MBER: P05000042860	·
		Agent and fee are submitted for filing.
Please return all cor	respondence concerning this matter	to the following:
Ą	Alfonso Barboza	
	(Name of Con	itact Person)
M	Metrophone1 Inc. (Firm/Co	mnony
	(Fiffii/Co.	mpany)
. 72	20 NW 36 St. Suite 616	
_	(Addr	ress)
Mi	iami, FL. 33166	17.
	(City/State an	•
ror turiner informat	ion concerning this matter, please ca	
Alfonso Barboza	ne of Contact Person)	at (786) 3995665 (Area Code & Daytime Telephone Number)
(IVal	ne or contact reison)	(Area code & Daytime Telephone Humber)
Enclosed is a \$35.00	check made payable to the Departi	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized er to change its registered office or registered	under the laws of the State	of Florida
1. The name of	the corporation: Metrophone1 Inc.		
	office address: 7220 NW 36 St. Suite 6	16. Miami, FL. 33166	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/22/2005	_ Document number: P050	000042860
	d street address of the current registered agent rtment of State:	and registered office on file	e with the
	Alfonso Barboza		
	7220 NW 36 St. Suite 651		
	Miami, FL. 33166		08. SEC
6. The name and (if changed):	d street address of the new registered agent (if	changed) and /or registered	TIL JUN 13
	Alfonso Barboza		
	7220 NW 36 St. Suite 616.		URIGINAL STATE
	(P.O. Box NOT acceptable) Miami, FL. 33166		06 —
The street address changed will	ess of its registered office and the street add l be identical.	ress of the business office	of its registered agent,
Such change wanthorized by t	as authorized by resolution duly adopted by he board, or the corporation has been notified	its board of directors or by ed in writing of the change	y an officer so
(Sugar	A director)	Ifonso Barboza (Presidented or typed name	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and ag to comply with the provisions of all statutes nd I am familiar with and accept the obligat ing filed merely to reflect a change in the re is been notified in writing of this change.	ree to act in this capacity. Felative to the proper and ion of my position as regis gistered office address, I h	complete performance tered agent. Or, if this vereby confirm that the
		6/10/08	
	ignature of Registered Agent)	(Date)	
If signing on be	ehalf of an entity:		
	Typed or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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