

POS000059589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

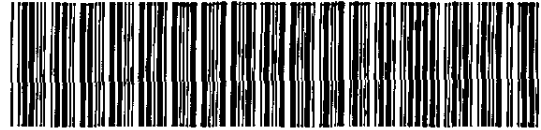
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Rosenget failace approved
changes on 7-8-05

gf

Office Use Only



700056686897

07/01/05--01018--001 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUL - 1 PM 12:51

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Aqua-Proof Corp.

DOCUMENT NUMBER: P05000059589

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosangel Q. Faillace

(Name of Contact Person)

Aqua-Proof Corp.

(Firm/ Company)

PO Box 160426

(Address)

Miami Florida 33116

(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Rosangel Q. Faillace

(Name of Contact Person)

at (786) 417-2973

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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

Articles of Amendment
to
Articles of Incorporation
of

Aqua-Proof, Corp.

(Name of corporation as currently filed with the Florida Dept. of State)

P05000059589

(Document number of corporation (if known))

05 JUL -1 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

N/A

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

TO ADD:

Sheila Ortiz- President / registered Agent

PO Box 160426

460 SW 133 Ave.

Miami, Florida 33116

Miami, FL 33184

Remove Louise Curry as Director/registered Agent.

New mailing address

New principal address

PO Box 160426

460 S.W. 133 Ave.

Miami, FL 33116

Miami, FL 33184

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

N/A

(continued)

The date of each amendment(s) adoption: 6-30-05

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 30th day of June, 2005.

Signature Sheila Ortiz
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Sheila Ortiz
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35