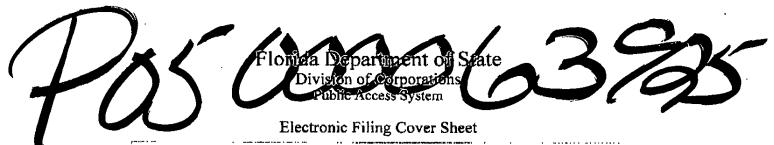
Division of Corporations

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(((H08000177186 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: AVILA RODRIGUEZ HERNANDEZ MENA & FERRI LI Account Name

Account Number : I20070000136 Phone

: (305)779-3564

Fax Number

: (305)779-3561

## REGISTERED AGENT CHANGE

ULTRALAT SECURITIES, INC.

Certificate of Status	0
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## H08000177186 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation; ULTRALAT SECURITIES, INC.	
	office address: 801 BRICKELL AVE, SUITE 1020, MIAMI FL 33131	
3. The mailing a	address (if different): 2525 Ponce de Leon Blvd., Suite 1225, Coral Gables, FL 33134	
4. Date of incorp	poration/qualification: 05/02/2005 Document number: P05000063925	
	I street address of the current registered agent and registered office on file with the rement of State:	
	INTRASTATE REGISTERED AGENT CORPORATION	
	701 BRICKELL AVE SUITE 3000 至貿	
	MIAMI FL 33131 US	
6. The name and (if changed):	MIAMI FL 33131 US  SECRET AND SEC	
	Interamerican Corporate Services LLC	
	2525 Ponce de Leon Blvd., Sulte 1225	
	(P.O. Box NOT acceptable)  Coral Gables, FL 33134-6049	
as changes will	ess of its registered office and the street address of the business office of its registered agent, be identical, as sufficiently adopted by its board of directors or by an officer so he had a corporation has been notified in writing of the change.  Alejandro Falla, President & CEO	
	ure of an office or director) (Printed or typed name and filte)	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
- (Si	gnature of Registered Agent)  July 21, 2008  (Date)	
If signing on be	chalf of an entity:	
Interamer	rican Corporate Services LLC Typed or Printed Name)	

\* \* \* FILING 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)