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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2008

KENT COSTA IMS MECALFAB, INC. 7355 S.W. 89TH ST #510 MIAMI, FL 33156

SUBJECT: IMS MECALFAB, INC. Ref. Number: P05000118738

We have received your document for IMS MECALFAB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete blocks 2 and 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 108A00055040

COVER LETTER

Division of Corporations
SUBJECT: IMS Mecalful, Inc. (Name of Corporation)
DOCUMENT NUMBER: P 050 001 18738
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:
KENT COSTA (Name of Contact Person)
(Name of Contact Person)
(Name of Contact Person) IMS Mecalful Fuc. (Firm/Company)
(Firm/Company)
7355 S.W. 89th St. #510
(Address)
City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) At (868) 680 9444 (Area Code & Daytime Telephone Num
(Name of Contact Person) (Area Code & Daytime Telephone Num
Enclosed is a \$35.00 check made payable to the Department of State.

1 7

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

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

-	•		, 607.1508, or 617.1508, Flor	·
			ted under the laws of the State ed agent, or both, in the State	
1. The name of the	he corporation:	IMS Mea	alfab, Inc.	
2. The principal	office address:	121 SHEM	IDAN ST.	· · · · · · · · · · · · · · · · · · ·
	+	lollywood	, FL 33021	
3. The mailing ac	ddress (if different):	same as	above	
4. Date of incorp	oration/qualification	1: Aug. 25, 2005	Document number: Po	050 001 8738
		e current registered age signed, enter resigned)	ent and registered office on fi	le with the
	KENT O	OSTA		
	5727 S	HENDAN ST	Г.	
	HOLLYWOO	D, FL 3	3021	OS NOV 10
6. The name and (if changed):			(if changed) and /or registere	d office
	KENT C	OSTA		2:5
	7355 5	OSTA .w. 89 th ST	· #510	चित्रं र
	MIAMI	(P.O. Box NOT acceptable)	33156	
The street address changed will	ss of its registered of be identical.	office and the street a	ddress of the business office	of its registered agent,
Such change wa authorized by th	s authorized by res e board, or the corp	olution duly adopted poration has been noti	by its board of directors or bified in writing of the change	y an officer so
- Ru	re of an officer or director	<u> </u>	KENT COST	4, U.P.
I hereby accept if further agree to of my duties, and document is beir	the appointment as o comply with the p d I am familiar with ng filed merely to re		agree to act in this capacity tes relative to the proper and tation of my position as region registered office address, I	t d complete performance stered agent. Or, if this hereby confirm that the
(Sig	nature of Registered Agen	1)	(Date)	
If signing on bel	nalf of an entity:			
(T)	alkfjsaldkfj yped or Printed Name)			
		* * * FILING FER	C: \$35.00 * * *	