# P05000120349

1.
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### Rosenfeld & Stein, P.A.

#### Attorneys and Counselors at Law

Alexander M. Rosenfeld \*+
Certified Creditors' Rights Specialist
Allan M. Stein
Ravi Batta
\*Also Admitted in New York
+Certified by the American Board of Certification

18260 N.E. 19th Avenue Suite 202 North Miami Beach, Florida 33162 Phone: 305-940-8080 Facsimile: 305-945-5198 E-mail: alex@lawyer4u.com

November 8, 2006

Florida Secretary of State Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Via Overnight Mail Only

Re: Amistar Telecom, Inc Our Ref. #061100101

Document Number: P05000120349

Dear Madam/Sir:

Enclosed are the following: (1) a statement of change of registered agent for Amistar Telecom, Inc and (2) resignation of officer & director of Amistar Telecom, Inc.

A check for \$35.00 is enclosed with each of these requests. I ask that you please make these changes to the records of Amistar Telecom, Inc.

Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

ROSENFELD & STEIN, P. A.

By: Ravi Batta

Encl.:

cc: Sachin Ramchandani

#### **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Amistar Telecom, Inc (Name of Corpor.)	ation)			
(Name of Corpor	ation)			
DOCUMENT NUMBER: P05000120349				
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.			
Please return all correspondence concerning this matter to th	e following:			
Ravi Batta, Esq				
(Name of Contact)	Person)			
Rosenfeld & Stein, P.A.				
Rosenfeld & Stein, P.A. (Firm/Compar	ıy)			
18260 NE 19th Ave., Suite 202				
18260 NE 19th Ave., Suite 202 (Address)				
N. Miami Beach, FL 33162				
(City/State and Zip	Code)			
For further information concerning this matter, please call:				
1 of further information concerning this matter, piease can.				
Ravi Batta, Esq at a	(305) 940-8080 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
	60.			
Enclosed is a \$35.00 check made payable to the Department	or 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, 607.1508, or 617.1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of Fl er to change its registered office or registered agent, or both, in the State of Flo	lorida	1is 	<b></b>
1. The name of t	the corporation: Amistar Telecom Inc.			
	office address: 2115 NW 84th Avenue, Miami, Florida 33122			
			<del></del>	
3. The mailing a	address (if different): same as above			
4. Date of incorp	poration/qualification: 08/30/2005 Document number: P0500013	20349		
	d street address of the current registered agent and registered office on file with rtment of State:	the		
	TOUQEER A. KAHN KHAN			
	2115 NW 84th Avenue, Miami, Florida 33122			
		SEC	1 90	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETARY AHASSE	NOV 14	C 2000
	Ravi Batta, Esq	E, F	PH -	
	Rosenfeld & Stein, P.A.	ORII	կ։ 2(	
	(P.O. Box NOT acceptable) 18260 NE 19th Ave., Suite 202, N. Miami Beach, FL 33162	)A ?		
The street addre	ess of its registered office and the street address of the business office of its libe identical.	register	ed age	ent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer se	0	
(Signatu	Sachin Ramchandani (Printed or typed name and tiff	e)		
I hereby accept I further agree to of my duties, an document is bei corporation has	t 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 comp nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby s been notified in writing of this change.	lete per agent. confirm	forma Or, if n that	ince this the
	Parties of Registered Agent) (Date)			<del></del>
	ehalf of an entity:			
Ravi	Batta.			
	Typed or Printed Name)			

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