

P05000122801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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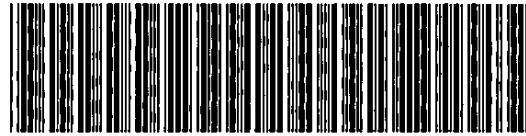
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PALAMARES U.S.A. CORPORATION  
(Name of Corporation)

**DOCUMENT NUMBER:** P05000122801

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rafael Castillo  
(Name of Contact Person)

Palmares U.S.A. Corporation  
(Firm/Company)

63 Lake Arbor Drive  
(Address)

Lake Worth, Florida 33461  
(City/State and Zip Code)

For further information concerning this matter, please call:

Rafael Castillo at ( 561 389-5955 )  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35.00 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : PALMARES U.S.A. CORPORATION

2. The mailing address of the corporation : 63 Lake Arbor Drive  
Lake Worth, Florida 33461

3. Date of incorporation/qualification: 09-07-2005 Document number: P05000122801

4. The name and address of the current registered agent and office:

Luis Fernando Hernandez-Munoz  
169 Harbor Lake Circle  
West Palm Beach, 33413

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Rafael Castillo,  
63 Lake Arbor Drive  
Lake Worth, Florida 33461

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

\_\_\_\_\_  
(Signature of an officer, chairman or vice chairman of the board)

08-10-06  
(Date)

Rafael Castillo PD

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.*

Rafael Castillo  
(Signature of Registered Agent)

08-10-06  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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