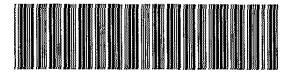
## P06000005069

(Requesto	's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
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LAHASSEE FLORIDA

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C. Couttons SEP 2 7 2006

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: HOME DISTRIBUTION CENTER, INC. (Name of Corporation)					
DOCUMENT NUMBER: P0600005069					
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:					
ENRIQUE + UENTES  (Name of Contact Person)  HOME DISTRIBUTION CENTER, INC  (Firm/Company)					
390 NW 86 H CT. #6					
MIAMI, FCA. 33126 (City/State and Zip Code)					
For further information concerning this matter, please call:					
ENRIQUE FUENTES at (186) 290 3003 (Name of Contact Person) (Area Code & Daylime Telephone Number)					

Enclosed is a \$35.00 check made payable to the Department of State.

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

statement of chang	ge is submitted for	a corporation or	0502, 607.1508, or ganized under the l gistered agent, or b	aws of the Sta	ate ofFC	
1. The name of the	e corporation:	HOME	DISTRIBL	TION	CENTER	, INC
2. The principal o	-	390 A	IW 86 CT	#6		u
		MIAM	FLA.	33/2	26	
3. The mailing add	dress (if different):	·,		<del></del>		
4. Date of incorpo	oration/qualification	a: 01-0	6Documen	t number:	P06000	00506
5. The name and s Florida Departr		e current register	ed agent and registe	red office on	file with the	
1 1011du Dopara		F	BAUD	ERAS		
	19740	W. 57	: ANDRE	ews V	Da	
-	MIA	MI, FC	A 330	75	TALL	2006
6. The name and s (if changed):		~	agent (if changed) a	J	red office AHASSI	FIL SEP 26
-			YUEN		Fo	PH E
_	<u> 39</u>	PO Boy NOT sore	86 Kh (	CT 7	+6 E	<del></del>
	M	AMI X	33/	26	IDA	39
The street addres as changed will b	s of its registered be identical.	office and the st	reet address of the	business offi	ce of its register	ed agent,
Such change was authorized by the	authorized by res board, or the cor	colution duly adoporation has bee	opted by its board on notified in writin	of directors or g of the char	r by an officer so	)
Signatur	or an officer or director	lu_	ENR	I QUE	TUEN:	res
corporation nas t	veen norgiea in yr	rumg oj inis end	t and agree to act statutes relative to obligation of my p n the registered of nge.	in this capac the proper a position as re fice address,	ity. nd complete per gistered agent. I hereby confirm	formance Or, if this n that the
Eu	nature of Registered Ages	<u>tar</u>		106 7	14 2004	<u>.                                    </u>
If signing on beh	alf of an entity:	···,		(Date)		
(Ту	ped 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)