## P06000031259

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: ASOCIACION EQUA	ATORIANA DE LA FLORIDA CENTRAL, INC (Name of Corporation)		
DOCUMENT NUMBER: P06000	0031259		
The enclosed Articles of Correction and	I fee are submitted for filing.		
Please return all correspondence concer	ning this matter to the following:		
DAVID VIVAS	<b>.</b>		
(Name of Contact Person)			
(Firm/Company)	<del></del>		
	ITE 704B		
6255 BENT PINE DRIVE. SU	<u> </u>		
ORLANDO, FL. 32822			
(City/State and Zip Code)			
For further information concerning this	matter, please call:		
DAVID VIVAS	at (321332 - 4243		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a check for the following an	mount:		
S35.00 Filing Fee	\$43.75 Filing Fee & Certificate of Status		
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy		
Mailing Address:	Street Address:		
Amendment Section Division of Corporations	Amendment Section		
P.O. Box 6327	Division of Corporations Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

## ARTICLES OF CORRECTION

for

## OF MAR -9 MY 8:25 ASOCIACION EQUATORIANA DE LA FLORIDA CENTRAL, INC.

Name of Corporation as currently filed with the Florida Dept. of State

	P06000031259	
Pursuant to the provisions of Section these Articles of Correction within 30  These articles of correction correct	607.0124 or 617.0124, Florida Statutes, days of the file date of the document by NAME OF CORPORATION (Document Type Being Corrected	
Specify the inaccuracy, incorrect state.  The name of the corporation has		rd "EQUATORIANA"
Correct the inaccuracy, incorrect state The correct spelling is "ECUATOI	ement, or defect: RIANA". Therefore the correct name	e of the corporation is:
ASOCIACION ECUATOR	IANA DE LA FLORIDA CENTR	AL, INC.
(Signature of a dire not been selected other court apport	cont. are sident or other officer - if directors or officers have by an incorporator - if in the hands of the receiver, trustee, of the fiduciary, by that fiduciary.)	or
DAVID VIVAS	5	PRESIDENT

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35.00