6000 11574

(Requestor's Name) (Address)	800082427628		
(City/State/Zip/Phone #)	12/15/0601036009 **35.00		
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	OG DEC 15 AM II: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA		

Office Use Only

as authorized.

Corrected Ste. #.

COVER LETTER

TO: Amendment Section Division of Corporations	*****			
SUBJECT: PERFECT 1 INC				
(Name of Corporation	on)			
DOCUMENT NUMBER: P06000115748 `				
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:				
•	•			
ALFREDO LUIS CONTRERA				
(Name of Contact Per	son)			
PERFECT 1 INC (Firm/Company)				
(i iiii company)				
16300 NE 19 AVE SUITE 247				
(Address)				
NORTH MIAMI BEACH, FLORIDA 33162				
(City/State and Zip C	ode)			
For further information concerning this matter, please call:				
ALFREDO L CONTRERA at (3	<u>305</u> <u>)</u> 944-1500			
(Name of Contact Person) (A	Nrea Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of	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	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of <u>FLC</u> egistered agent, or both, in the State of Flori	ORIDA		_
1. The name of t	he corporation: PERFECT 1 INC				
	office address: 16300 NE 19 AV	E SUITE 242			
3. The mailing a	ddress (if different): SAME AS A	BOVE	·		
4. Date of incorp	poration/qualification: 09/07/200	Document number: P0600011	5748		
	street address of the current registe tment of State:	red agent and registered office on file with the	1e		
	SOCARRAS, JORGE		₹	8	
	16300 NE 19 AVE SUI	TE 2487	-[C] -[C] -[C]	06 DEC 15	1
	NORTH MIAMI BEACH,	FL 33162	۸۶۶۲ ۲۸۶۲	5	Constant
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered office	OF STAT	AM II:-II	
	ALFREDO LUIS CONT	RERA	5 F	_	
	16300 NE 19 AVE SUI			(
	(P.O. Box NOT acc NORTH MIAMI BEACH				
The street addre	ess of its registered office and the s be identical.	street address of the business office of its re	gistere	ed age	ent,
Such change was	as authorized by resolution duly ac se board, or the corporation has be	lopted by its board of directors or by an off en notified in writing of the change.	icer so	•	
(Signati	ire of an officer or director)	ALFREDO L CONTRERA (Printed or typed name and title)			-
I further agree of my duties, ar document is bei	the appointment as registered age to comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch		ete perj gent. (Confirm	forma Or, if 1 that	ince this the
(Si	gnature of Registered Agent)	12/11/2006 (Date)			
If signing on be	half of an entity:	, ,			
MAREDO	2 CONTRERA. Typed or Printed Name)				

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