PO 7000018693

(Red	questor's Name)			
- (Ado	dress)			
(Add	dress)			
(City	//State/Zip/Phone	9 #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	-	:		
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

Trebens MAY 0.9 2007

COVER LETTER

то:	Amendment Section Division of Corporations					
SUBJI	BJECT: MONOS BAKERY Y MAS, INC (Name of Corporation)					
DOCI	CUMENT NUMBER: PO700018693					
	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:						
- 1000	3	5				
TERESITA MARIA BRUNET						
	(Name of Contact Person)					
	MONOS BAKERY Y MAS, INC (Firm/Company)					
	(Line Company)					
	7443 SOUTH MILITARY TRAI	L				
(Address)						
	BOYNTON BEACH, FL 33463					
(City/State and Zip Code)						
For fu	further information concerning this matter, please call:					
TERE	RESITA MARIA BRUNET at (561	818-4305 Code & Daytime Telephone Number				
- - ·	(Name of Contact Person) (Area	Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: St. Amendment Section Ar	reet Address: nendment Section				
		vision of Corporations				
	•	ifton Building				
	- ···-··	61 Executive Center Circle				
,	Ta	llahassee, FL 32301				

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

statement of cha	ange is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Statute tion organized under the laws of the State of FLOF z or registered agent, or both, in the State of Florida	RIDA
1. The name of	the corporation: MONOS BAKE	ERY Y MAS, INC	
2. The principal	office address: 7443 SOUTH M		H
3. The mailing a			
4. Date of incor	poration/qualification: 02/12/2	007 Document number: PO700001869	93
	d street address of the current re rtment of State:	egistered agent and registered office on file with the	
	LUISA FERNANDA GOM	MEZ	
	7443 South Military T	[rail	O7 M
	Boynton Beach, FL 334		AHAS AHAS
6. The name and (if changed):	Ū	stered agent (if changed) and /or registered office	O7 MAY -3 PM 2: 12 SECRETARY OF STATE ALLAHASSEE, FLORID
	TERESITA MARIA BRI	<u> </u>	DA ?
	5022 SOCIETY PL 3 A	PT H OT acceptable)	
	WEST PALM BEACH,	•	
The street addras changed will	ess of its registered office and l be identical.	the street address of the business office of its regi	istered agent,
		ly adopted by its board of directors or by an offic as been notified in writing of the change.	
1 -	FDA 60mez.	LUISA FERNANDA GOMEZ, PR	ESIDENT
I havabu accan	t the appointment as reciptores	d agent and agree to act in this capacity. of all statutes relative to the proper and complete pit the obligation of my position as registered age ange in the registered office address, I hereby con is change.	e performance int. Or, if this infirm that the
+	W Sewele	APRIL 30/2007	
()	ignature of Registered Agent) ehalf of an entity:	(Date)	
	Typed or Printed Name)		

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