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ALLAHASSEF, FIORID

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COYP. (Name of Corporation)
DOCUMENT NUMBER:
The enclosed Articles of Correction and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
Aubar Diaz. P.A.
782 NW 42 Ave, ste 435
City/state and Zip Code)
For further information concerning this matter, please call:
Aubar Dras at (305) 244-5494 (Name of Contact Person) at (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
■ \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certificate of Status & Certified Copy \$43.75 Filing Fee & Certificate of Status & Certified Copy
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

ARTICLES OF CORRECTION for FILED	
TALLAHASSEE. FLORIDA To the form of Corporation as currently filed with the Florida Dept. of State PO 70 000 55594 Document Number (if known)	
Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected. These articles of correction correct Of the document being corrected.	
filed with the Department of State on	
Specify the inaccuracy, incorrect statement, or defect: Name of requistred agent, incorporator and iresident secretary reads: "Alex Sancluz"	. ,
Correct the inaccuracy, incorrect statement, or defect: Correct the inaccuracy, incorrect statement, or defect:	

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Joaquin A. Sauchy

Prvsident
(Title of person signing)

Filing Fee: \$35.00