P0100120051

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				

Office Use Only



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04/03/09--01036--015 **35.00



STON S

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	ECT: MONIR'S BY CALDERON INC (Name of Co	orporation) +				
DOCU	MENT NUMBER: <u>P07000120051</u>					
The en	closed Statement of Change of Registered Office	Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter	to the following:				
	ABEL CA	ALDERON				
	(Name of Contact Person)					
	MONIR'S BY (Firm/Co	CALDERON INC mpany)				
41 MENORES AVE # 2 (Address)						
	CORAL GAI (City/State an	BLES, FL 33134 d Zip Code)				
For fu	ther information concerning this matter, please c	all:				
	ABEL CALDERON (Name of Contact Person)	_at (<u>786</u>) <u>355-2242</u> (Area Code & Daytime Telephone Number)				
Enclos	ed is a \$35.00 check made payable to the Departi	ment 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				

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

statement of cha	nge is submitted for a corporat	e, 017.0302, 007.1308, or 017.1308, Florida Statu tion organized under the laws of the State of <u>FLO</u> tor registered agent, or both, in the State of Florid	ORIDA	
	the corporation: MONIR'S B			
		ES AVE # 2		
4. Date of incorp	poration/qualification:	Document number: P07000120	0051	
	I street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with the ter resigned)	e	
	ABEL CALDERON			
	4480 NW 79 AVE STE 1	1F	7.	
	MIAMI, FL 33166		O9 /	
6. The name and (if changed):	street address of the new regist	tered agent (if changed) and /or registered office	APR -3 RETARY O AHASSEE	FILE
	41 MENORES AVE	Parish	F S	D
	CORAL GABLES, FL 33 (P.O. Box NO		9: 57 TATE DRIDA	
	EIN + 26-203	39656		
The street addre	ess of its registered office and the identical.	the street address of the business office of its reg	gistered agent,	
Such change wa authorized by th	s authorized by resolution dul e board, or the corporation ha	y adopted by its board of directors or by an office s been notified in writing of the change.	cer so	
(Signatu	re of an officer or director)	ABEL CALDERON, PRES (Printed or typed name and title)	IDENT	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered o comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of thi	agent and agree to act in this capacity of all statutes relative to the proper and complete of the obligation of my position as registered aginge in the registered office address, I hereby cost change.	e performance ent. Or, if this infirm that the	ı
abel	mature of Registered Agent)	03-28-09		
(Sig	mature of Registered Agent)	03-28-09 (Date)		
If signing on bel	half of an entity:			
Abel CA	yped or Printed Name)			
(I		INC FFF. \$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)