P9200000312E

Office Use Only

1 MR 3/31



700030923467

03/29/04--01020--008 **157.50

04 MAR 26 PM 2: 01
ALLAHASSEE, FLORID.

TRANSMITTAL LETTER

Division of Corporations	. •
SUBJECT: Nuestro Hogar Incorporated (Name of corporation	.
DOCUMENT NUMBER: P92000003126	gr _e gypper.
The enclosed Statement of Change of Registered Office/Agent and fe	e are submitted for filing.
Please return all correspondence concerning this matter to the following	ng:
Rosa M. Vega, Esq.	
(Name of person)	
Rosa M. Vega & Associates. P.A.	
(Name of firm/company)
8500 West Flagler Street, Suite 204B (Address)	
Miami, Florida 33144	
(City/state and zip code	
For further information concerning this matter, please call:	
Daisy Machadoat (305 207–0877 (Area code & daytime telephone number)
(Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahussas FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassas, FL 32300

CR2E045(09/03)

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

			12, 607.1508, or 617.1508 he laws of the State of <u> </u>				•
			h, in the State of Florida.			_	
1. The name of th	ne corporation:	Nuestro Hogar Incor	porated			·	
2. The principal of	office address:	6402 SW 41 Street,	Miami, Florida 33155				
3. The mailing ad	ldress (if differen	nt):					
4. Date of incorpo	oration/qualificat	tion: 11/09/1992	Document number:	P92000003126			
	street address of		gent and registered office				
		Yudyth Perez			÷ ÷		
-		6402 SW 41 Street			_		= = :
-		Miami, Florida 331	55		- IAL	다.	
6. The name and: (if changed):	street address of	the new registered agen	nt (if changed) and /or reg	istered office	LAIIASS	04 MAR 26	1
_		Alba Gaviria	<u> </u>	<u>-</u>	_ <u></u>	<u> </u>	T
		6402 SW 41 Street			FLC	Ϋ́	
-		Mani _{(P.O. Box or personal r}	nailbox NOT acceptable)		RIDA	10	
The street addres changed will be i	s of its registere dentical.	ed office and the street	address of the business of	office of its regist	– ered age	nt, as	
			I by its board of directoring of the change.				by
+ That	inature of an officer of	disasta		and see to and	Title\		
I hereby arrent to	he annointment .	as registered agent an	d agree to act in this cap utes relative to the prope of my position as regist office address, I hereby o	nted or typed name and pacity, or and complete p tered agent. Or, confirm that the c		nce of cumen on has	my it is
+ ###				03-22-	04		
(S	ignature of Registered	i Agent)		(Date)			
If signing on beh	alf of an entity:		-				
	(Typed or Printed Nan	me)	<u> </u>	(Capacity)			

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