P93000071011

(F	Requestor's Name)	
(A	Address)	
(<i>F</i>	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT MA	AIL
(E	Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
		•
	•	

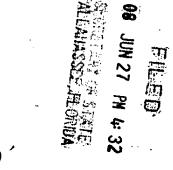
Office Use Only

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2A CAS, 7/2

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Agua Cristal Enterprises, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P93000071011
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:
Suhai Montenegro
(Name of Contact Person)
Agua Cristal Enterprises, Inc.
(Firm/Company)
P.O. Box 420786 (Address)
(Address)
Miami Fl 33242-0786
(City/State and Zip Code)
For further information concerning this matter, please call:
Jay M. Needelman, CPA at (305) 673-5040 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact reison) (Area Code & Daytine 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 CTallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $\dot{}$ FOR CORPORATIONS

statement of cha	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Ft hange is submitted for a corporation organized under the laws of the Sto	ate of Florida	
in orde	der to change its registered office or registered agent, or both, in the Sta	ste of Florida.	
1. The name of	of the corporation: Agua Cristal Enterprises, Inc.		
2. The principal	pal office address: 6936 Ne 4th Avenue		
Miami FI 33	33138		
3. The mailing	g address (if different): P.O. Box 420786		
Miami FI 332	3242-0786		
4. Date of incor	orporation/qualification: 10/13/93 Document number: PS	33000071011	
	and street address of the current registered agent and registered office on partment of State:	file with the	
	Juan Montenegro		
	6936 Ne 4th Avenue	N27	
	Miami Fl 33138	2 2 0	
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registel):	ered of the same	
	Suhai Montenegro	· .	j .
	6936 Ne 4th Avenue	• • • • • • • • • • • • • • • • • • • •	<i>: •</i>
	(P.O. Box NOT acceptable)		
	Miami FI 33138		
The street addr	dress of its registered office and the street address of the business offi vill be identical.	ce de la registered agent,	
Such change wauthorized by	was authorized by resolution duly adopted by its board of directors of the board, or the corporation has been notified in writing of the chan	r by an officer so	
- A	Juan Montenegro PD		
I hereby decep I further deree of my duties, a dooument is be	pathe of an officer or director) epathe appointment as registered agent and agree to act in this capace to comply with the provisions of all statutes relative to the proper a and I am familiar with and accept the obligation of my position as rebeing filed merely to reflect a change in the registered office address, has been notified in writing of this change.	ity. md complete performance	
$\langle x \rangle$	6/23/08		
(S	(Signature of Registered Agent) (Date)	1.5.00	
If signing on b	behalf of an entity:		
-Suhai:Monte			
	(Typed or Printed Name)		
	* * * FILINC PPP. \$25 AA * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)