P95000027133

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SECRETARY OF STATE

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RNN INT'L MRKEHING, INC. (Name of corporation)
DOCUMENT NUMBER: P9500027133
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:
RODRIGO N. NOGUEIRA (Name of person)
RNN INTERNATIONAL MORLETING, INC. (Name of firm/company)
9755 NW 5251 # 511
(Address)
Mismi, FL 33178 (City/state and zip code)
For further information concerning this matter, please call:
Name of person) at (305) 477-6647 (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 Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi tted for a corporation organized under the laws of the State ofFLOCIOS	
_	istered office or registered agent, or both, in the State of Florida.	
1. The name of the		NG, INC.
2. The principal of		
	Mism, FL. 33178	<u></u>
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 995 Document number: 950000	27/33
The name and Florida Depart	street address of the current registered agent and registered office on file with the tment of State:	
	2135 NW 79 AUE.	_
,40	My Ami, FL 33/22	TAS O
9	PODRIGO N. NOGUEINS	4 MAR
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	Z6 AH 26 AH ARY OF
	9755 NW 52 St # 511	1 8 8 P
NEW	MAM, FL 33/78	
	(P.O. Box of personal mailbox NOT acceptable)	
	TUDGGO N NOGUEIRA	-
The street addre- changed will be	ess of its registered office and the street address of the business office of its registere identical.	d agent, as
Such change wa	as authorized by resolution duly adopted by its board of directors or by an officer so	authorized by
-le	Repuise of an office or director) Repuise of an office or director) Repuise of an office or director)	Sim Avesigent
Washington and	finature of an officer or director) (Printed or typed name and title	
I percey accept a further agree to duties, and I am being filed mere been notified in	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and complete performiliar with and accept the obligation of my position as registered agent. Or, if he proper a change in the registered office address, I hereby confirm that the corporating of this change.	formance of my his document is poration has
Va	6 log 3/22/04	. -
	(Signature of Registered Agent) (Date)	***************************************
If signing on bel	half of an entity:	
	(Typed or Printed Name) (Capacity)	

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