P96000037045

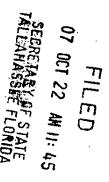
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(Re	equestor's Name)	
(Ad	ldress)	
,	,	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
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PICK-UP	MAIT	MAIL
(5)		
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	,
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: NETKIN FOODS INC (Name of Corporation)
	(or corporation)
DOC	JMENT NUMBER: P96000037045
The en	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	KIM MARKS .
	(Name of Contact Person)
	IZINA NA RIZO CDA
	KIM MARKS CPA (Firm/Company)
	` • • • • • • • • • • • • • • • • • • •
	2136 NE 123RD STREET
	(Address)
	NORTH MIAMI, FL 33181 (City/State and Zip Code)
For fu	rther information concerning this matter, please call:
roi iu	the information concerning this matter, please can:
KIM N	MARKS at (305) 895-5815 (Name of Contact Person) (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	sed 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	ange is submitted for a corpora	ntion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.
1. The name of	the corporation: NETKIN FOO	DS, INC.
2. The principal	office address: 555 NE 34TH	STREET #1403, MIAMI, FL 33137
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification:	Document number:
	d street address of the current r	registered agent and registered office on file with the
	NETKIN, SONNY	
	555 NE 37TH STREET	Г #1403, MIAMI, FL 33137
6. The name and (if changed):	_	istered agent (if changed) and /or registered office
	NETKIN, MELVIN	22 Z
		T #1403, MIAMI, FL 33137 OT acceptable) T #1403, MIAMI, FL 33137
The street addr as changed will	ress of its registered office and l be identical.	d the street address of the business office of its registered agent,
Such change wauthorized by	as authorized by resolution de board, or the corporation is	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
Mole	= Match	MELVIN NETKIN
	ture of an officer of diffectory I the appointment as registere to comply with the provisions nd I am familiar with and acc sing filed merely to reflect a c us been partified in writing of t	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.
///bl:	Mesa	OCTOBER 16,2007
(S:	ignature of Registered Agent)	(Date)
If signing on be	ehalf of an entity:	
	(Typed or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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