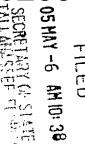
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(Req	uestor's Name)	
(Add	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
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Certified Copies	s of Status	
Special Instructions to Fi	ling Officer:	İ
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Office Use Only



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05/06/05--01040--010 **35.00

C. Coulliette MAY 1 3 2005

COVER LETTER

SUBJECT: QUALITYA LEA. SING COO. (Name of corporation)
DOCUMENT NUMBER: P 980000/1055
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Plea
return all correspondence concerning this matter to the following:
MARIO E. CAMALGO
(Name of contact person)
(Firm/Company)
(Firm/Company)
1101 BLICKELL AVENUE, SUITE 701-5 (Address)
(Address)
MGMI-FC 33/31
(City/state and zip code)
For further information concerning this matter, please call:
MARIO E. CAMPRO at (305) 448-1010
(Name of contact person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

TO: Amendment Section

Division of Corporations

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

CR2E045(6/04)

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

Pursuant to the provisions of sec this statement of change is subm in order to change its registered	itted for a corpora	tion organ	ized under th	ie laws o	f the State o	stutes, of <u>FCO</u>	LIDA.	_
1 The name of the corporation:	OVALITA	4EA	5/25	Corp	PARATIO	A.)		•
 The name of the corporation: The principal office address: 	1101 BRU	CKEII	Aven	10 -	SUITE	701	South	tou
T. 110 himshat origo and coo.	Mami,	FL	33/3/					
3. The mailing address (if different	•							
4. Date of incorporation/qualification	otion: 02/04/	1998	Docume	ent numb	pc Pc	180000	11055	
5. The name and street address of Florida Department of State:	f the current registe	red agent a				***		 ,
	Luis F. De la C	•						
	95 Merrick Wa	• •	0				<u>ــــــــــــــــــــــــــــــــــــ</u>	
	Coral Gables, I					·	器	
6. The name and street address of	f the new registered Luis F. De la C		changed) and	l /or regis	stered offic	e (if chang		1
	Two Alhambra	Plaza Pen	thouse 2-C				統領の	- [7]
	Coral Gables, I	FL 33134		•			नंदा उ	0
The street address of its registere as changed will be identical.	d office and the stre	eet address	of the busin	ess offic	e of its regi	stered agen		သ
Such change was authorized by rauthorized by the board, or the et	esolution duly adop	notified in	writing of t	he chang	e.			
19.0. you	music	ZX.	MAC	15 E.	CAM1	lgo - 1	nd title)	MT.
(Signature of an of	ficer or director)	*		(Pı	inted or typ	ed name a	nd title)	
I hereby accept the appointment of I further agree to comply with the of my duties, and I am familiar we document is being filed merely to corporation has been notified in the corporation has been notified.	provisions of all s ith and accept the c reflect a change in	tatutes rela bligation of the regist	ative to the p of my positio	roper an n as regi	d complete stered ager	nt. Or, if the	is	
(Signature of Reg	istered Agent)		· · · · · · · · · · · · · · · · · · ·			Date)		
If signing on behalf of an entity:					·			
(Typed or Printed Name)								

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL. 32314