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SECRETARY OF STATE

ANT ANASSEE, FLORDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Drogueria Sarra, S.A., Inc. (Name of Corporation)
DOCUMENT NUMBER: P99000048759
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:
Alvaro L. Mejer, Esq.
(Name of Contact Person)
Armstrong & Mejer, P.A. (Firm/Company)
2600 Douglas Road, Suite 1111
(Address)
Coral Gables, FL 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
Alvaro L. Mejer at (305) 444-3355 (Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of $_$	Florida
in orde	er to change its registered office or registered agent, or both, in the State of F	lorida.
1. The name of	the corporation: Drogueria Sarra, S.A., Inc.	
2. The principa	office address: 2600 Douglas Road, Suite 1111, Coral Gables, 33134	
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: May 25, 1999 Document number: P990000	48759
	d street address of the current registered agent and registered office on file wit rtment of State:	h the
	Alvaro L. Mejer, Esq.	_
	2600 Douglas Road, Suite 1111	_
	Coral Gables, FL 33134	ZS S
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered offi	FIL DEC 31 AH&SSE
	Alvaro L. Mejer, Esq.	
	2222 Ponce de Leon Blvd., Penthouse Suite	S = :
	(P.O. Box NOT acceptable) Coral Gables, FL 33134	9 9
The street addr	ess of its registered office and the street address of the business office of its le identical.	s registered agent,
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so
(Signal	ure of an officer or director) (Printed or typed name and t	ītle)
I further agree of my duties, a document is be	t 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 com and I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I herebs been notified in writing of this change.	plete performance I agent. Or, if this by confirm that the
Shut.	12/5/07	
•	enalf of an entity:	
(Typed or Printed Name)	

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