P04000092112

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COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: MIDTOWN MORTGAGE CORPORATION				
(Name of corporation)				
DOCUMENT NUMBER: P04000092112				
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:				
TONI H. ALAM (Name of contact person)				
(ivame of contact person)				
TONI H. ALAM, CPA				
(Firm/Company)				
COLE DED BOAD, CLUTE 245 A				
6915 RED ROAD, SUITE 215-A (Address)				
CORAL GABLES, FL 33143				
(City/state and zip code)				
For further information concerning this matter, please call:				
TONI H. ALAM at (305) 663-6200				
TONI H. ALAM at (305) 663-6200 (Area code & daytime telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399				

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

statement of change is:	sions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this submitted for a corporation organized under the laws of the State of Florida hange its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corr	rporation: MIDTOWN MORTGAGE CORPORATION	
2. The principal office	ACCUMING OF CAR OFF CON MANAGER OF COACC	
3. The mailing address	s (if different):	
4. Date of incorporation	on/qualification: 06/15/2004 Document number: P0400092112	
5. The name and street Florida Department	et address of the current registered agent and registered office on file with the t of State:	
RIC	CARDO TABET	
150	500 ALTON ROAD, FLR 2	
MIA	IAMI BEACH, FL 33139	> 13 company
6. The name and street (if changed):	et address of the new registered agent (if changed) and /or registered office	EN 25
RI	ICARDO TABET	3 1
90	O ALTON ROAD, #1902	= (
	(P.O. Box NOT acceptable)	5
<u>MI</u>	MAMI BEACH, FL 33139	
The street address of as changed will be ide	f its registered office and the street address of the business office of its registered a dentical.	agent,
Such change was auth authorized by the boa	thorized by resolution duly adopted by its board of directors or by an officer so eard, or the corporation has been notified in writing of the change.	
02	RICARDO TABET	
	in officer or director) (Printed or typed name and title)	
I hereby accept the a I further agree to con of my duties, and I ar document is being fil corporation has been	appointment as registered agent and agree to act in this capacity, imply with the provisions of all statutes relative to the proper and complete perform familiar with and accept the obligation of my position as registered agent. Or led merely to reflect a change in the registered office address, I hereby confirm the notified in writing of this change.	mance if this nat the
(2)		
(Signature	e of Registered Agent) (Date)	
If signing on behalf of		
(Typed o	or Printed Name)	

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