P04000140305

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



400057779474

08/01/05--01029--002 **35.00

05 NUG -1 AN 10:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Smith AUG 0 2 2005



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: La Cabana Inc. (Name of corporation)
DOCUMENT NUMBER: PO4000140305
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:
Ariel E. Rivarol; (Name of contact person)
Pinamar Hollywood, Inc. (Firm/Company)
(Address)
Hollywood FZ 33020 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (954) 921-8570 (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.

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

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

statement of char	provisions of sections 607.0502, 6	n organized under the la	ws of the State of	lorida
in order	r to change its registered office or		n, in the State of Floria	a. ··· • • • • • • • • • • • • • • • • • •
1. The name of the	he corporation: La Ca	bana, Inc.	<u> </u>	
2. The principal	office address: 718 S.	Dixie Hwy	Hallywood,	PL 33020
3. The mailing ac	ddress (if different):Same_	as above		
4. Date of incorp	poration/qualification: 10111	2004 Document	number: P04000	0140305
	street address of the current registment of State:	stered agent and registere	ed office on file with the	•
	Hayer Echeve	: my		سے سیدہ میں ایا ملا
	728 S. Dixie		<u>.</u>	
		FL 33 020		
6. The name and (if changed):	street address of the new register	red agent (if changed) and	d /or registered office	05 SECI
	Ariel F.	Zivaroli		
	728 S. Dix	cie Hwy		- L
	•	• •		FS ED
	Holldnoap	FC \$3020		Siz Φ
The street addre	ess of its registered office and the be identical.	e street address of the bu	usiness office of its reg	istered agent,
Such change wa authorized by th	as authorized by resolution duly board, or the corporation has	adopted by its board of been notified in writing	directors or by an office of the change.	cer so
	re of an officer of director)	Ariel 3	F. Riveroli — mited or typed name and title)	President
I hereby accept I further agree t of my duties, an document is bei	the appointment as registered a to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agree to act in all statutes relative to ti the obligation of my po ge in the registered offic	this capacity.	
NO N	Marie Comment		7/28/05	-
(Sig	mature of Registered Agent)	-	(Date)	 , _ ,
If signing on be	half of an entity:			
	F. Rivaroli	,		
(T	yped or Printed Name)	Ne v . Z āu es ju		

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