

POS000107579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

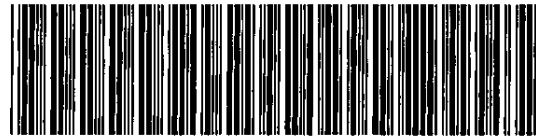
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06 SEP 19 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g n.c.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BRISAS AND OLAS DEL MAR CORP.

DOCUMENT NUMBER: P05000107579

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALCIBIADES CASTRILLON

(Name of Contact Person)

(Firm/ Company)

206 MAGNOLIA LAKE DRIVE

(Address)

LONGWOOD, FL 32779

(City/ State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 29, 2006

ALCIBIADES CASTRILLON
206 MAGNOLIA LAKE DR.
LONGWOOD, FL 32779

SUBJECT: BRISAS AND OLAS DEL MAR CORP.
Ref. Number: P05000107579

We have received your document for BRISAS AND OLAS DEL MAR CORP. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L06000047638.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist

Letter Number: 606A00052796

RECEIVED
SEP 19 AM 8:00
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: AUGUST 9, 2006

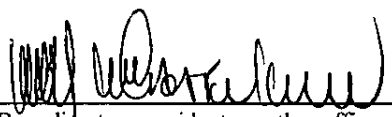
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ALCIBIADES CASTRILLON

(Typed or printed name of person signing)

PRESIDENT and INCORPORATOR

(Title of person signing)

FILING FEE: \$35