

P94000005030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

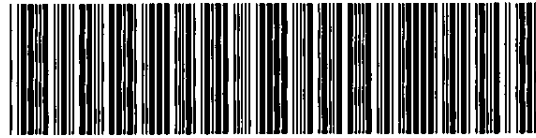
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/08--01001--006 **43.75

RECEIVED
08 DEC -5 PM 3:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 DEC -5 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Cheng
C. COULLETTE

DEC 08 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 12/05/2008

REF. #: 001646.96533

CORP. NAME: CHA-CHA-CHA, INC.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |

OTHER: CHANGE OF AGENT FILING

STATE FEES PREPAID WITH CHECK# 578546 FOR \$ 43.75

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: CHA-CHA-CHA, INC.
- 2. The principal office address: 1450 N. FEDERAL HIGHWAY
BOCA RATON, FL 33432
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01-11-94 Document number: P94000005030

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
ANTHONY BOVA
3320 ST. CHARLES CIRCE
BOCA RATON, FL 33434

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROTHSTEIN ROSENFELDT ADLER
401 E. LAS OLAS BLVD, STE 1650
(P.O. Box NOT acceptable)
F4. LAUDERDALE, FL 33301

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TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of officer or director) Anthony Bova, Director
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent) 12/11/08
(Date)

If signing on behalf of an entity:
SCOTT W. ROTHSTEIN, CHAIRMAN/CEO
(Typed or Printed Name)

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