## F0200005770

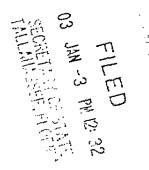
From: RICHARD M. GOLDSTEIN (305)374-3250 GOLDSTEIN, TANEN & TRENCH, P.A ONE BISCAYNE TOWER, SUITE 3250 TWO SOUTH BISCAYNE BOULEVARD MIAMI, FL, 33131
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200009685272

01/03/03--01049--004 \*\*35.00



1A Change Ti huis 1/3/03

## 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, the	e
undersigned corporation organized under the laws of the State of <u>Delaware</u> submits the following statement in order to change its registered office or registered agent, or both, in the	-
State of Florida.	E
1. The name of the corporation: CAFARELLI & CO.	
2. The mailing address of the corporation: 320 SAN LORENZO AVENUE, #1320, CORAL GABLES,	FL
33146	
3. Date of incorporation/qualification: 11/19/2002 Document number: F02000005770	
4. The name and address of the current registered agent and registered office:	
LICENSING ASSOCIATES, INC.	· · - •
6800 SW 40TH STREET, #132	7
MIAMI, FLA. 33155	3
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):	
RICHARD M. GOLDSTEIN	
2 S. BISCAYNE BLVD., #3250	
MIAMI, FLA. 33131 _	
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	Ĺ
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.	
(Signature of an officer, Signature of chairman, (Date)	
TANES CATARETT DEPOSITE	
JAMES CAFARELLI, PRESIDENT  (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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.	
obligations of section our conditions, morior Statutes.  (Date)	En.
	,
(Typed or Printed Name) (Capacity)	

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