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SECRETARY OF STATE

T. Rebetts JUN 17 2008

COVER LETTER

Division of Corporations
Panart 2000 Carp
SUBJECT: Report 2000 Corp. (Name of Corporation)
DOCUMENT NUMBER: G62896
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:
•
Francisco Aspuru
(Name of Contact Person)
· · · · · · · · · · · · · · · · · · ·
Report 2000 Corp.
(Firm/Company)
9020 SW 125th Ave., #F 410
(Address)
Miami, FL 33186
(City/State and Zip Code)
For further information concerning this matter, please call:
Francisco Aspuru at (305) 227-2000
Francisco Aspuru at (305) 227-2000 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

•	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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 c	orporation: Report 2000 Corp.
2. The principal office	ee address: 9020 SW 125th Ave., #F 410, Miami, FL 33186
3. The mailing addre	ess (if different): SAME AS ABOVE
4. Date of incorporat	ion/qualification: 09/26/1983 Document number: G62896
5. The name and stre Florida Departmen	et address of the current registered agent and registered office on file with the nt of State:
Ası	ouru, Francisco
<u>63</u>	01 Collins Ave., Suite #1607
Mia	01 Collins Ave., Suite #1607 ami Beach, FL 33141
6. The name and stre (if changed):	et address of the new registered agent (if changed) and /or registered office
Fra	ancisco Aspuru
90:	20 SW 125th Ave., #F 410
	(P.O. Box NOT acceptable)
Mia	ami, FL 33186
The street address o	f its registered office and the street address of the business office of its registered agent, dentical.
Such change was au authorized by the bo	thorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.
(Signature of	Francisco Aspuru, President (Printed or typed name and title)
I hereby accept the a l further agree to co of my duties, and I a document is being fi	appointment as registered agent and agree to act in this capacity, imply with the provisions of all statutes relative to the proper and complete performance imfamiliar with and accept the obligation of my position as registered agent. Or, if this led merely to reflect a change in the registered office address, I hereby confirm that the n notified in writing of this change.
(Signatur	e of Registered gent) (Date)
If signing on behalf	of an entity:
trancisco Az	Spuru, President

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