## K41358

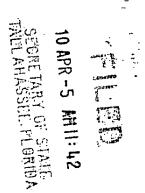
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C.COULLIETTE

APR 0 6 2010

**EXAMINER** 

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: CARRERAS-RUBIO & ASSOCIATES, INC.  Name of Corporation
10,442,000
DOCUMENT NUMBER: K4/358
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:
Name of Contact Person
CARRERAS-RUBIO & ASSOCIATES, INC. Firm/Company
16030 S.W. TR TERRACE Address
MIAMI- Floride 33193 City/State and Zip Code
Nilda e Carreras Rubio-Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (30v ) 223-8839  Area Code & Daytime Telephone Number
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  Street Address: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida.	
1. The name of the	ne corporation: Carreras-Rubio & Associates, INC.	
2. The principal of	office address: 16030 5.W. 72 TERRACE	
	MIANI- FLORIDE 22193	
3. The mailing ac	MIANI-Floride 3226V-0579	
	MIANI-Floride 3326V-0579	
4. Date of incorp	oration/qualification: 1988 Document number: K 41358	
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
	RICARDO J. CARRERAS	
•	RICARDO J. CARRERAS	
	migmi- Floride 33186	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Nilda Carreras	
	16030 SW 72 TEARACE P.O. Box, NOT acceptable	
•	P.O. Box NOT acceptable  MIANI-Florida 33193	
	MIAMI- Florida 33183	
	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
	Alcardo Carreras	
	of an officer or director Printed or typed name and title	
I hereby accept if further agree to of my duties, and document is beir corporation has	the appointment as registered agent and agree to act in this capacity.  It comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Wille Sign	ature of Registered Agent Date	
If signing on behalf of an entity:		
Nild	ped or Printed Name	

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