

M62772

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
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05 MAY 13 PM 4:25
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

**CARIBBEAN CONNECTION RESTAURANT & LOUNGE,
INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

DR
5/16/05

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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: Caribbean Connection Restaurant & Lounge, Inc.
2. The principal office address: 11275 N.W. 27th Avenue
Miami, Florida 33167
3. The mailing address (if different): same
4. Date of incorporation/qualification: 11/19/87 Document number: M62772
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Richard O. Dansoh2800 Biscayne Boulevard, #900Miami, Florida 33137

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

2600 Douglas Road, Suite 1100Coral Gables, Florida 33134

(P.O. Box NOT acceptable)

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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 an officer or director)

Marcia Thorpe

(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]
(Signature of Registered Agent)

4/20/05
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314