Public Access System **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H060000265673)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

(850)205-0380

From:

Account Name

: CUEVAS & ORTIZ, P.A.

Phone

Account Number : I20030000123

: (305)461-9500

Fax Number

: (305)448-7300

REGISTERED AGENT CHANGE

MIAMI RESIDENCIAS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Laure Haffle mulin newtonints/afflorer

Corporate Filing Menu

Help

1/31/2006

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 undersigned corporation organized under the laws of the State of submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: MIAMI RESIDENCIAS CORP.
- 2. The mailing address of the corporation: 2840 SW Third Ave, Miami, FL 33129
- 3. Date of incorporation/qualification: 10/19/2000 Document number: P00000098768
- 4. The name and address of the current registered agent and office:

A. Rosemary Sala 260 Crandon Boulevard Suite 14 Key Biscayne, FL 33149

5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)

Andrew Cuevas, Esq. Cuevas & Ortiz, P.A. 536 Biltmore Way Coral Gables, FL 33134

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 reso	lution duly adopted by its boa	rd of directors or by an officer
Such change was authorized by resc so authorized by the board.		01/31/06
(Signature of an officer, citizen or vice chairs	ian of the board)	(Date)
TT	للبطب والمحارب والمستوال والمالا المساوية	

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 statics, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent)

Oi/31/06

(Date)

If signing on behalf of an entiry:

(Typed or Printed Name) (Capacity)

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

CR2E045(9/00)
DIVISION OF CORFORATIONS P.O. BOX 6327 TALLAHAESEE, FL 32314