

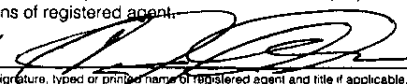
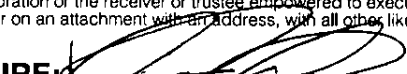


FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90064 040 ***150.00

DOCUMENT # P01000064497				Secretary of State 09-08-2005 90064 040 ***150.00	
1. Entity Name TOUCH OF CLASS ENTERPRISE OF MIAMI CORP.					
Principal Place of Business 1250 NW 7 AVE MIAMI, FL 33136		Mailing Address 144 NW 44 STREET MIAMI, FL 33127			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1298 NW 55 ST Suite, Apt. #, etc. City & State MIAMI FL Zip Country 33147 USA			
		50065361 		09022005 Chg-P CR2E034 (10/03)	
		4. FEI Number 65-1117576		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FUNEZ, CARLOS 144 NW 44 STREET MIAMI, FL 33127			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		DATE 9/2/05			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FUNEZ, CARLOS		NAME	1298 NW 55 ST	
STREET ADDRESS	144 NW 44 STREET		STREET ADDRESS	MIAMI FL 33147	
CITY-ST-ZIP	MIAMI, FL 33127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		DATE 9/2/05 786586 4894			
Signature and typed or printed name of signing officer or director					

ATTACHMENT
50065361
AFFIDAVIT WITH JURAT


Date: September 1, 2005

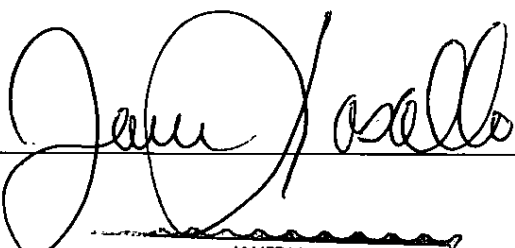
RE: DOCUMENT # P01000064497

**State of Florida
County of Miami-Dade**

The purpose of this letter is to acknowledge that I, Carlos Funez, resident of 144 NW 44 Street Miami, FL 33127, President of Touch of Class Enterprise of Miami Corp. and properly identified declare under oath declare that:

I mailed the Uniform Business Report with a check for \$150.00 which never cleared my bank. For this reason I ask that you accept a duplicate check in the amount of \$150.00. If there are any inquiries please contact my Accountant JANET VASALLO at your convenience (305) 643-2482.

X 
Affiant's Signature


NOTARY PUBLIC

