

PO1000088796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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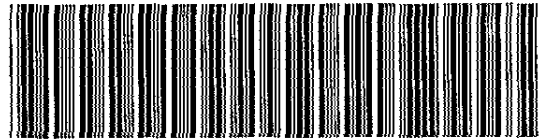
(Business Entity Name)

(Document Number)

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*RAchange  
T. Lewis*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01/04/06--01005--008 \*\*35.00

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Exotic Paradise of Orlando, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 901000088796

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:

Nir Karni  
(Name of Contact Person)

Exotic Paradise of Orlando  
(Firm/Company)

20725 NE 16 AVE WALK  
(Address)

Miami, FL 33179  
(City/State and Zip Code)

For further information concerning this matter, please call:

Nir Karni at (954) 3044925  
(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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2005

EXOTIC PARADISE OF ORLANDO, INC.  
20725 NE 16 AVE  
UNIT A-16  
MIAMI, FL 33179

SUBJECT: EXOTIC PARADISE OF ORLANDO, INC.  
Ref. Number: P01000088796

We have received your document for EXOTIC PARADISE OF ORLANDO, INC. and check(s) totaling \$87.50. However, your check(s) and document are being returned for the following:

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 205A00072155

RECEIVED  
06 JAN -3 AM 8:00  
DIVISION OF CORPORATIONS

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Exotic Paradise of Orlando, Inc.  
2. The principal office address: 20725 NE 16 Ave #A16 Miami FL 33179

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: Dec 15 1999 Document number: P01000088796

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jay L. Borsky,  
8211 West Broward Blvd, Suite 200  
Plantation, FL 33324-2726

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

Nir Karni,  
20725 NE 16 Ave #A16  
(P.O. Box NOT acceptable)  
Miami, FL 33179

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TALLAHASSEE, FLORIDA

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]  
(Signature of an officer or director)

Nir Karni P  
(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)

12-19-05  
(Date)

If signing on behalf of an entity:

Nir Karni  
(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  
CR2E045 (8/05)