## P02000055379

(Re	equestor's Name)	st 18. t.			
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SECRETARY OF STATE

B.A.

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JUL 23 2009

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: WORLD FOREIGN EXC						
runic of corpo.	ution					
DOCUMENT NUMBER: P02000	055379					
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the	e following:					
to the country of the						
MADIA M.D	14.7					
MARIA M D Name of Contact	Person					
WORLD FOREIGN EX	CHANGE INC					
WORLD FOREIGN EXCHANGE, INC. Firm/Company						
103 NE 3RD A\	/ENLIE					
Address	LINOL					
MIAMI ELOPIDA	N 22422					
MIAMI, FLORIDA City/State and Zi	O Code					
•						
E-mail address: (to be used for future	annual report notification)					
For further information concerning this matter, please call:						
-						
MARIA M DIAZ at	( 305 ) 371-2208 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					
Enclosed is a \$33.00 check made payable to the Department	or state.					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327	Clifton Building					
Tallahassee, FL 32314	2661 Executive Center Circle					
- ······	Tallahassee, FL 32301					



July 9, 2009

MARIA M DIAZ WORLD FOREIGH EXCHANGE, INC. 103 NE 3RD AVE MIAMI, FL 33132

SUBJECT: WORLD FOREIGN EXCHANGE, INC.

Ref. Number: P02000055379

We have received your document for WORLD FOREIGN EXCHANGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 009A00023609

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

statement of cha	nge is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of FLOR		_
	0 0		EXCHANGE, INC	•		
	•	103 NE 3RD A\		·	····	
	5111 <b>55 4542 5</b> 55		LNOL			
	I, FLORIDA 33132	" "				
3. The mailing a	address (if different):			<del>,</del>		
4. Date of incorp	poration/qualification:	05/17/2002	Document number:	P 02000	005537	79
	d street address of the cur ettment of State: (If resign		at and registered office on f	file with the		
	CABALLERO, MA	RIA				
	782 NW 42 AVE #	534				
	MIAMI, FLORIDA	33126		SECF	ر 6903	ومام الوما
6. The name and (if changed):	l street address of the new	w registered agent (i	f changed) and /or register	ed officeSSE	2009 JUL 22	
	DIAZ, MARIA			 무요	2	
	103 NE 3RD AVE	P.O. Box NOT acc		ORIE	<del>ب</del> 8	
	MIAMI ELODIDA		ceptable	<b>X</b>	_	
	MIAMI, FLORIDA		<u>-</u>	<del></del>		
The street addre as changed will	ess of its registered office be identical.	e and the street add	dress of the business offic	e of its regist	ered age	ent,
Such change wa authorized by th	as authorized by resolut se board, on the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer ge.	so	
Je.	resulter of picer or director		MARIA M. DIAZ (	PRESIDE	<u>NT)</u>	- <del>-</del>
I hereby accept I further agree t of my duties, an document is bei corporation has	<i>-</i> \( \( \) \( \)	istered agent and a isions of all statute. d accept the obliga et a change in the re d of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I		erforma . Or, if rm that	ince this the
-9	the of 14	3	07/20/2	2009		
e	nature of Registered Agent half of an entity:		Date			
T	yped or Printed Name					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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