P02000085964

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Citv/State/Zip/Phone #)
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Document Number) Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
	Special Instructions to Filing Officer:
3	

Office Use Only



300041531093

10/05/04--01024--003 **35.00



a hanka

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CORONADO & CATALAN, INC. (Name of corporation)
DOCUMENT NUMBER: P0200085964
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:
(Name of contact person)
(Firm/Company)
1221 NW 12th Place (Address)
CAPE CORAL (City/state and zip code) 33993
For further information concerning this matter, please call:
//AN CATA /AN at (239) 772-850/ (Name of contact person) (Area code & daytime telephone number)
(Name of contact person) (Area code & daytime releptione 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 Pivision of Corporations 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

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: COTONADO & CATALAN TNC.
2. The principal office address: 1/272 SW 1374 AVE
miami, FL 33,186
3. The mailing address (if different): 1225 NW 12th Place
CAPE CORAL, FL 33993
4. Date of incorporation/qualification: 08-08-2002 Document number: Po200008596
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Leonel Coronado
1225 NW. 12th Place 70 9
CAPE CORAL: F1 33993
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
IVAN CATAIAN
1221 NW 12th PIACE OF CO
CAPECORAL, FL 33993
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 of director) ARLING OF 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 accument 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.
Snal atolan 10/1/04
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
(Typed or Printed Name)

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