## P02000110525

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(240)11000 2.1107 114.1107				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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## TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: LAW OFFICES OF VILLAMANAN & BABINSKY, P. A (Name of corporation)				
DOCUMENT NUMBER: P02000 110525				
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:				
ALEXANDER VILLAMANAN (Name of person)				
LAW OFFICES OF VILLAMANA BABINSKY, P.A (Name of firm/company)				
1111 Lincoln Rd, Ste. 400				
(Address)				
MIAMI BEACH, FL 33139 (City/state and zip code)				
For further information concerning this matter, please call:				
ALEHANDER VILLAMAN at (305) 604-3833 (Name of person) (Area code & daytime telephone number)				
(Area code & daytine telephone number)				
Enclosed is a \$35.00 check made payable to the Department of State.				

Street Address: Amendment Section Division of Corporations 409 E, Gaines Street Tallahassee, FL 32399

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Amendment Section

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

change is submit	provisions of sections 607.0502, 617.0502, 607.1508, or 617. tted for a corporation organized under the laws of the State of istered office or registered agent, or both, in the State of Flor	FLORIDA	
	he corporation: LAW OFFICES OF VILLAM office address: 1111 LINCOLN Rd, Ste		
FL 33			
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 10/11/02 Document num	nber: P020001	110525
5. The name and Florida Depart	street address of the current registered agent and registered o tment of State:	ffice on file with the	
	ALGANDER VILLAMANAN	<u>;::</u> -	
	1111 LINCOLN Rd, Ste. 805		<b>£</b>
	MI, AMI BEACH, FL 33139	A.	S 7.
6. The name and (if changed):	street address of the new registered agent (if changed) and /o	r registered office	
	ALCHANDER VILLAMAN	ORAL ORAL	
	1111 LINCOLN Rd, Ste. 4 (P.O. Box or personal mailbox NOT acceptable)	too Pm	w
	MIAMI BEACH, FL 33139		
The street addre	ss of its registered office and the street address of the busin identical.	ess office of its registered	agent, as
	is authorized by resolution duly adopted by its board of directions corporation has been notified in writing of the change.		
Must		HANDER VILLA (Printed or typed name and title)	
I hereby accept if further agree to duties, and I am being filed mere	the appointment as registered agent and agree to act in thi o comply with the provisions of all statutes relative to the p familiar with and accept the obligation of my position as r ly to reflect a change in the registered office address, I her writing of this change.	s capacity. Proper and complete perfor	rmance of my
Mul		6-22-04	
If signing on bel	Signature of Registered Agent) half of an entity:	(Date)	
Much	mle //ellam	DRESIDENT	
and the	(Typed or Printed Name)	(Capacity)	

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