P02000132274

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

	Office Use On	ilv



400106872714

08/02/07--01023--018 **87.50

OT AUG -2 AM II: 00
SECRETARY OF STATE

Barona Lander

COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJE	ECT: Taverna Imports Inc.	poration)
DOCU	JMENT NUMBER: P02000132274	
The en	aclosed Statement of Change of Registered Office/.	Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter t	o the following:
	Maricela Fonseca (Name of Cont	act Person)
	(Firm/Con	nnany)
	(Firm/Con	ipany)
	100 Lincoln Road, Apt. 715 (Addre	ss)
	Miami Beach, Florida 33139 (City/State and	Zip Code)
For fur	rther information concerning this matter, please cal	П:
Hans	Eichman (Name of Contact Person)	at (786) 2462600 (Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Departm	ent of State.
٠	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

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $_$ ler to change its registered office or registered agent, or both, in the State of Fl	Florida	is ———	_
	the corporation: Taverna Imports Inc. I office address: 1151 NW. 159 Drive, Miami Fl. 33169	.		
	Torrice address.			
	address (if different): 100 Lincoln Road, Apt. 715			
	rporation/qualification: Document number: P02000	132274		
	nd street address of the current registered agent and registered office on file with	h the		
	Eduardo I. Rasco	ŽE	07	
	2875 N.E. 191st Street Suite 500	CRET LAH	AUG	\Box
	Aventura FL. 33169	IARY ASSE	-2	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	OF STATE EE. FLORIN	AM II: 00	ED
	Maricela Fonseca	₹™	0	
	100 Lincoln Road, Apt. 715	_		
	(P.O. Box NOT acceptable) Miami Beach, Florida 33139	_		
The street addre	ress of its registered office and the street address of the business office of its ld be identical.	s registero	ed agei	nt,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change. Maricela Fonseca, President		,	
(Signatu	ture of an officer or director) (Printed or typed name and ti	itle)		_
of my aunes, an document is bei	I the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereb is been notified in writing of this change.	plete perj l agent. C y confirm	formai Or, if t that t	ice his he
Juli	ignature of Registered Agent) July 30th, 2007 (Date)			_
1	ehalf of an entity:			
(T	Typed or Printed Name)			

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