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PICK-UP	WAIT	MAIL			
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SECRETARY OF STATE
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	IECT: EAST COAST HOSPITALITY SOLUTION INC. (Name of corporate	tion)				
DOC	UMENT NUMBER: P03000127135					
	nclosed Statement of Change of Registered Office/Agent and	d fee are submitted for f	ilina			
	e return all correspondence concerning this matter to the follo		mig.			
	JOZEF COMPLACK					
(Name of person)						
	EAST COAST HOSPITALITY S	OLUTION INC.				
	(Name of firm/company)					
	2800 69th TERRACE SUIT (Address)	E 102	=			
	VERO BEACH FL 329					
	(City/state and zip code)					
For fu	urther information concerning this matter, please call:					
·	MAREK COMPLACK (Name of person)	at (561) 358-6 (Area code & dayt	6635 ime telephone number)			
Enclo	sed is a \$35,00 check made payable to the Department of Sta	ate.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sec Division of Corp 409 E. Gaines St Tallahassee, FL	orations reet			

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

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Pursuant to the pr	ovisions of sections 607.0502, 617.0502, 6	07.1508, or 617.1508, Florida Statu	ites, this statement of		
change is submitte	ed for a corporation organized under the la	rws of the State of Florida	in order		
to change its regis	tered office or registered agent, or both, in	the State of Florida.			
1. The name of the	corporation: EAST COAST HOSPITALI	TY SOLUTION INC.	<u>~</u>		
2. The principal of	Tice address: 6574 NORTH STATE ROA	D 7 SUITE 211	<u> </u>		
	COCONUT CREEK FL 330	073	** <u>-</u>		
3. The mailing add	lress (if different):				
4. Date of incorpo	ration/qualification: 10/31/2003	Document number: P03000127	135		
The name and s Florida Departn	treet address of the current registered agent tent of State:	t and registered office on file with th	e		
	MERTL DAVID		ار می <u>د ان است</u>		
_	6574 NORTH STATE ROAD	7 SUITE 211			
_	COCONUT CREEK FL	33073	TOP TO		
6. The name and s (if changed):	treet address of the new registered agent (i	f changed) and /or registered office	AASSEE AND TARKY OF		
	JOZEF COMPLA	CK	- K5		
_	2800 69TH TERRACE SUITE 211				
	(P.O. Box or personal mailb	• •	**		
	VERO BEACH_FL_	32966	-		
The street address changed will be in	of its registered office and the street add dentical.	ress of the business office of its re	gistered agent, as		
Such change was the board, or the c	authorized by resolution duly adopted by corporation has been notified in writing o	its board of directors or by an offi f the change.	icer so authorized by		
	h.	PRESIDENT MAREK CO	MPLACK		
` -	nature of an officer or director)	(Printed or typed name	•		
I hereby accept the I further agree to duties, and I am for the being filed merely been notified in w	ne appointment as registered agent and a comply with the provisions of all statutes amiliar with and accept the obligation of the registered offuring of this change.	gree to act in this capacity. relative to the proper and comple my position as registered agent. (ce address, I hereby confirm that ti	te performance of my Or, if this document is the corporation has		
		March 19th 2004_	 		
10/6	Mafure of Registered Agent)	(Date)			
If signing on beha	olf of an entity:				
V. PRESIDENT	JOZEF COMPLACK	a	A Part Control		
	Typed or Printed Name)	(Canacity	1		

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