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COVER LETTER

Name of Corporation) DOCUMENT NUMBER: POLOGO 7856 Z 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: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this	()
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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: Proposition Proposition	SUBJECT: WASSING ACAUSITION CORPORATION
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Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Please return all correspondence concerning this matter to the following: Prescription of Contact Person) (Firm/Company) Prescription of Contact Person) (Firm/Company) Prescription of Contact Person) (Address) Prescription of Contact Person) (City/State and Zip Code) For further information concerning this matter, please call: Prescription of Contact Person) Prescription of Contact Person)	DOCUMENT NUMBER: Y 040007856Z
(Name of Contact Person) WARSONE ACRUSITIC CAROAT FOR (Firm/Company) 2787 ODT CALLAD PAR MAD ### (Address) FI MADRIAGE FL 33306 (City/State and Zip Code) For further information concerning this matter, please call:	The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
(Name of Contact Person) WARSONE ACQUISITION CAROLT SAN (Firm/Company) 2787 OST CALLO PAR AND #4// (Address) FT HADRONE FL 333CA (City/State and Zip Code) For further information concerning this matter, please call: DOWN FRIEDWAY ASS 0563	Please return all correspondence concerning this matter to the following:
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(Firm/Company) 2787 ONET CONCLUD PARK AND #4// (Address) FT MADELONE FL 33306 (City/State and Zip Code) For further information concerning this matter, please call:	(Name of Contact Person)
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For further information concerning this matter, please call: Doc FRIOTON PRIS 21 (954) 563 0563	FT LAUDOLDANE FL 33306
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Roy FRIED 1885 at (754) 563 OS63 (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)	ROW FRIEDURAN PASS 21,954 ,563 0563
	(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Amendment Section Division of Corporations

TO:

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



July 26, 2006

RON FRIEDMAN WARSOWE ACQUISITION CORPORATION 2787 EAST OAKLAND PARK BLVD. #411 FT. LAUDERDALE, FL 33306

SUBJECT: WARSOWE ACQUISITION CORPORATION

Ref. Number: P04000078562

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

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6964.

Irene Albritton Document Specialist

Letter Number: 606A00047287

Reguired information attached.

Check # 1950 dated 7/6/06 (\$35.00)

Received and processed.

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 Fig. 1005.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: WASSUE ACQUISITION CARMETIS
2. The principal office address: 2787 EAST SALLAND RAK BLUD. #411
FOUT INCORPORE FL 33306
3. The mailing address (if different):
4. Date of incorporation/qualification: 5.14.2004 Document number: 840000 78562
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MICHAEL L FEINSTEN ESO
888 E US OUS BUD #700 EX 8
FT LANDERDAVE FL 38301 PR 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BOCA CATON FLOREDA 33432
•
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.
TSignature of an officer or deseion Rou FRIED MAN FRES (Printed or 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 document 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.
7/14/00
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Andrew L. Mann

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