## P04000103915

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## **COVER LETTER**

10:	Amendment Section Division of Corporations
STIRT	ECT: Ricardo J. Bascuas, P.A.
SOD3.	(Name of corporation)
DOCU	JMENT NUMBER: P04000103915
The en	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ricardo J. Bascuas (Name of contact person)
	(Name of contact person)
	Ricardo J. Bascuas, P.A. (Firm/Company)
	(гип/Сопрану)
	1870 Coral Gate Dr.
	(Address)
	Miami, Florida 33145
	(City/state and zip code)
For fu	rther information concerning this matter, please call:
Ricard	o J. Bascuas at (
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee FI 32314  Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee FI 32314 Tallahassee FI 32309

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

1. The name	of the corporation: Ricardo J. Bascu	as, P.A.	
	pal office address: 1870 Coral Gate		
	orida 33145		
3. The mailing	g address (if different):		
4. Date of inc	corporation/qualification: July 13, 20	Document number: P0	4000103915
	and street address of the current regis partment of State:	stered agent and registered office on	file with the
	Ricardo J. Bascuas		
	435 SW 17TH AVE		
	MIAMI FL 33125		TAL SE
(if change	and street address of the new register i): Ricardo J. Bascuas	red agent (11 changed) and for register	UL 29 HASSEE
	1870 Coral Gate Dr.		P# 12:
	(P.O. Box NOT	acceptable)	ATE RIDA
	Miami, Florida 33145		<del></del>
The street ac	ldress of its registered office and the vill be identical.	e street address of the business offic	ce of its registered a
	was authorized by resolution duly y the board, or the corporation has		
MA		Ricardo J. Bascuas	
· / · ·	gnature of an officer or director)	(Printed or typed na	
I hereby acc I further agr of my duties, document is corporation	ept the appointment as registered a ee to comply with the provisions of and I am familiar with and accept beingfiled merely to reflect a chan has been notified in writing of this	igent and agree to act in this capact all statutes relative to the proper the obligation of my position as reg ge in the registered office address, change.  July 26, 2005	ty, nd complete perforn zistered agent. Or, I hereby confirm the
1119	(Signature of Registered Agent)	(Date)	

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