

PO4-000124948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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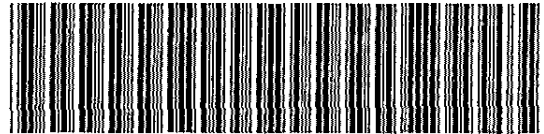
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**RAMON TOURGEMAN  
ATTORNEY AND COUNSELOR AT LAW  
P.O. BOX 800-111  
AVENTURA, FLORIDA 33280**

**Telephone Number (305) 792-0088  
Fax Number (305) 792-0676**

January 28, 2005

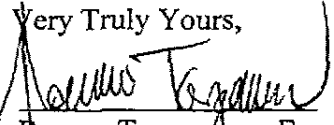
Amendment Section  
Florida Division of Corporations  
P.O. BOX 6327  
Tallahassee, Florida 32314

Re: Enclosed Resignations and Change of Register Agent  
MONEY TRANSFER SOLUTIONS CORP., a Florida Corporation  
Document Number P04000124948

Dear Filings Section,

Enclosed for filing are four Officer/Director resignations, change of registered agent, and payment of the one hundred seventy five dollar filing fees.

Thank you.

Very Truly Yours,  
  
Ramon Tourgeman, Esq.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MONEY TRANSFER SOLUTIONS CORP.

(Name of corporation)

**DOCUMENT NUMBER:** P04000124948

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:

RAMON TOURGEMAN

(Name of contact person)

RAMON TOURGEMAN, P.A.

(Firm/Company)

1725 MAIN STREET, STE. 209

(Address)

WESTON, FLORIDA 33326

(City/state and zip code)

For further information concerning this matter, please call:

RAMNON TOURGEMAN

(Name of contact person)

at ( 954 )

385-2284

(Area code & daytime telephone number)

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

**Mailing Address:**

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

**Street Address:**

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

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MONEY TRANSFER SOLUTIONS, CORP.
2. The principal office address: 5695 NW 84 AVENUE, MIAMI, FL 33166
- 
3. The mailing address (if different): SAME AS ABOVE

4. Date of incorporation/qualification: AUGUST 30, 2004 Document number: P04000124948
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SORAYA DE ROSALES

5695 NW 84 AVENUE

MIAMI, FLORIDA 33166

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LUIS VEGA

5695 NW 84 AVENUE

(P.O. Box NOT acceptable)

MIAMI, FLORIDA 33166

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TALLAHASSEE, FLORIDA

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.

(Signature of an officer or director)

LUIS VEGA, PRESIDENT

(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.

(Signature of Registered Agent)

1/28/05  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAIL TO: MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314