104000135489

	_
(Requestor's Name)	_
(Address)	-
(Address)	-
(dates)	
	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Danish Marka)	_
(Document Number)	
Certified Copies Certificates of Status	_
Consider the street and to Filling Officers	7
Special Instructions to Filing Officer:	١
	l
	İ
	İ
	۱
	ı
	Ì





400057649294

08/01/05--01039--018 **35.00

OS AUG -1 PM 3: 42 ALLAHASSEF, FI ORIGA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MARYTIME KOSTIGNAL (Name of corporation)
DOCUMENT NUMBER: \$04000135489
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:
Name of contact person)
(Firm/Company)
(J. O. Box 402764) (Address)
MiAmi Bury Tuma 33140 (City/state and zip code)
For further information concerning this matter, please call:
(Name of contact person) at (30) 751-7700 (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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MARITIME KOSHER INTERNATION & NEUTPORCHE
2. The principal office address: Will will be with the wild be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be will be
33190 980 South SHOW DAVINE BETWEE
3. The mailing address (if different): P.O. Box 402764 M. IAM, Burgut
Florina 33140
4. Date of incorporation/qualification: 9.28.209 Document number: P04000135489
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Business Filings Incorporated 1203 Sovern done
Capin
SOF SLINE SOF
Tollonaces El. \$2301-2960
6. The name and street address of the new registered agent (if changed) and /or registered office (S)
(if changed):
DAVID WEBSERMAN. 25 00
330 NG 59# Smoot = 5.
(P.O. Box NOT acceptable)
miami Florina 33137
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.
SHLOMO WEBERMAN - PRESIDENT
(Signature of an officer or director) (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.
Dem 3.59.02
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:

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

(Typed or Printed Name)