## P0400014619

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

CHOOLOG DEAL ESTATE INSTITUT	TE INC			
SUBJECT: SUCCESS REAL ESTATE INSTITUTION (Name of Corpor				
DOCUMENT NUMBER: P04000146119				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the	e following:			
RODRIGO POSADA				
(Name of Contact Person)				
GRUSHOFF & POSADA, INC. (Firm/Compa	nv)			
(Fillii/Compa	ny)			
6991 W. BROWARD BLVD., SUITE 104 (Address)				
PLANTATION, FL 33317				
(City/State and Zip Code)				
For further information concerning this matter, please call:	•			
RODRIGO POSADA at	( 954 ) 316-2590 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

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

2, 607.1308, or 617.1308, Florida Statutes zed under the laws of the State of <u>Florida</u> red agent, or both, in the State of Florida.	<u> </u>	_
E INSTITUTE, INC.		
E 101, MIRAMAR, FL 33027		
004 Document number: PO4000146119	9	
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JITE 104		S
•	•	gent,
(Printed or typed name and title)		<del></del>
l agree to act in this capacity. tes relative to the proper and complete p gation of my position as registered agent registered office address, I hereby confi	perform t. Or, i ìrm tha	iance f this t the
11/30/2007		
(Date)		
F. \$35 AA * *		
	zed under the laws of the State of Florida. red agent, or both, in the State of Florida. E INSTITUTE, INC. E 101, MIRAMAR, FL 33027  Document number: PO4000146119 ent and registered office on file with the sent and registered office on file with the diddress of the business office of its regist by its board of directors or by an officer ified in writing of the change.  ROLANDO RUBIO, PRESIDENT  (Printed or typed name and title) If agree to act in this capacity, tes relative to the proper and complete pastion of my position as registered agent are gistered office address, I hereby confirmed the proper and complete pastion of my position as registered agent are gistered office address, I hereby confirmed to the proper and complete pastion of my position as registered agent are gistered office address, I hereby confirmed to the proper and complete pastion of my position as registered agent are gistered office address, I hereby confirmed to the proper and complete pastion of my position as registered agent are gistered office address, I hereby confirmed to the proper and complete pastion of my position as registered agent are gistered office address, I hereby confirmed to the proper and complete pastion of my position as registered agent are gistered office address, I hereby confirmed to the proper and complete pastion of my position as registered agent.	ged under the laws of the State of Florida red agent, or both, in the State of Florida.  E INSTITUTE, INC.  E 101, MIRAMAR, FL 33027  Document number: PO4000146119  ent and registered office on file with the  difficulty of the change of the business office of its registered agent of the change.  ROLANDO RUBIO, PRESIDENT (Printed or typed name and title)  degree to act in this capacity, tes relative to the proper and complete perform gration of my position as registered agent. Or, it registered office address, Thereby confirm that 11/30/2007  (Date)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)