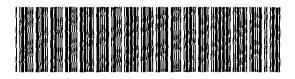
P04000158668

DIVISION OF CORPORATIONS

2005 SEP 23 OF STATE

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e#)
, ,	WAIT	·
(Bus	siness Entity Nar	ne)
(Dos	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
	 	





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RA Chg.

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Flawle	ess Miami Corp.	
	(Name of Co	rporation)
DOCUMENT NUMBER	. P04000158668	
The enclosed Statement of	Change of Registered Office	Agent and fee are submitted for filing.
Please return all correspon	dence concerning this matter	to the following:
•	Ü	J
Serka	n OZSAVASCI	
	(Name of Con	tact Person)
Flawle	ess Miami Corp	
	(Firm/Cor	npany)
19355	NE 10th Ave #110	
	(Addr	ess)
Minusi	/ []	00470
<u>Miami</u>	(City/State and	33179
For further information co	ncerning this matter, please ca	•
Serkan OZSAVASCI		at (305) 333 0347 (Area Code & Daytime Telephone Number
(Name of C	Contact Person)	(Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check	made payable to the Departn	nent of State.
M	ailing Address: mendment Section	Street Address: Amendment Section
	ivision of Corporations	Division of Corporations
	O. Box 6327	Clifton Building

2661 Executive Center Circle

Tailahassee, FL 32301

Tallahassee, FL 32314

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

_	•	oration organized under the laws of the State of FL
_		ffice or registered agent, or both, in the State of Florida.
	the corporation: Flawless	
2. The principal	l office address: 19355 NE	E 10th Ave #110
Miami / F	<u> </u>	33179
3. The mailing a	address (if different): XXXX	
4. Date of incor	poration/qualification: Nov	7-19-2004 Document number: P04000158668
	d street address of the current from the current of State:	nt registered agent and registered office on file with the
	OZKAN, AYHAN 7601 E	TREASURE DR APT 1404 MIAMI BCH FL 33141
6. The name an (if changed):		registered agent (if changed) and /or registered office
	Serkan Ozsavas	ci
	19355 NE 10th A	
	Miami / FL	x NOT acceptable) 33179
The street addr	ess of its registered office a	and the street address of the business office of its registered ager
- I/ \	. //	duly adopted by its board of directors or by an officer so in has been notified in writing of the change.
)(/h/	Serkan OZSAVASCI -PT
_	ure of an officer or director)	(Printed or typed name and title)
of my duties, ar document is be	the appointment as registe to comply with the provision of am familiar with and institute to reflect a seen notified in writing o	ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and complete performan accept the obligation of my position as registered agent. Or, if to a change in the registered office address, I hereby confirm that to f this change.
essee ab	nre	09-19-2005
(Si	gnature of Registered Agent) chalf of an entity:	(Date)
2-5	Va tan viitilij,	
(Typed or Printed Name)	

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

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