P05000/2/220

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· (ordinated 2.1p) Horizon)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



000131997990

07/02/08--01029--016 **35.00

ECRETARY OF STATE LLAHASSEE, FLORIDA

FILED

Poly Con-R

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: CASAURBANA INC (Name of Corporation)
DOCUMENT NUMBER: POSOOO 12/220
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:
CARLOS ABACA (Name of Contact Person)
CASAURBANA, TWC (Firm/Company)
P.O. BOX 381603
MIAMI FT 33238 (City/State and Zip Code)
For further information concerning this matter, please call:
CARLOS ABACA at (786) 286-9510 (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

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: CASAU LBANA FUC
2. The principal office address: MMS NE 79TH Street Suite E
Miami, FL 33138
3. The mailing address (if different): P.O. GOX 381603
<u>Hiami, 72 33238</u>
4. Date of incorporation/qualification: 08 31 2005 Document number: POS00121220
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
<u>CARLOS ABACA - Casaribanal</u>
2 NE 59 Terrace
Miami, 7L 33137 = 8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
775 NE 797H Skeet Suite E 72 22 28 Hami, FL 33138
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 anthorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, of the corporation has been notified in writing of the change.
(Signiful of the officer of director) CARLOS HSACA (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.
(Significant Agent) (Significant Agent)
If signing on behalf of an entity:
Carlos Abaca
(Typed or Printed Name)

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