## P05000144231

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

Office Use Only



900104444479

07/05/07--01032--015 \*\*35.00

07 JUL -5 PM 2: 36 SECRETARY OF STATE FALLAHASSEE, FLORID

PPROVEL AND FILED

BA Change

C. Coulliette JUL 1 2 2007

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: JURNAL DE FLORIDA INC (Name of Corporation)
DOCUMENT NUMBER: P05000 144231
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:
ANA C SOR B / (Name of Contact Person)
(Name of Contact Person)
YUENAL DE FLORIDA INC
(Firm/Company)
2617 LINCOLN ST # 10 (Address)
(Address)
HOLUYWOOD FL 33020 (City/State and Zip Code)
` • • · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:
ANA C SORBI at 954 540-1329 (Name of Contact Person) (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

statement of cha	nge is submitted j	tions 607.0502, 61 for a corporation ( gistered office or 1	organized und	ler the laws oj	f the State of $\_$	FLOP		
		JURIVA	-		•		<u>'</u>	
2. The principal	office address:	2617 L LL YWO	INCOL	n ST	#10	, 		
3. The mailing a	ddress (if differer	•						
4. Date of incorp	oration/qualifica	tion: 10 /21	05 D	ocument numi	ber: <u>P0.5</u>	000	1442	<u>.31</u>
5. The name and Florida Depart		the current registe		•		h the		
		ANI	7 C S	CORBI		_		
		833 S	ocear	V DR.	PH 2	_		
		LLANDA				_	<b>7 C</b>	
6. The name and (if changed):	street address of	the new registered	dagent (if cha	nged) and /or	registered offi	ice	SECRETARY ALLAHASS	; ;
		AN	9 C	SORB	1	_	عد لندا	- '
	26	617 LINI (P.O. Box NOT acc YWOOD	COLN	ST#	10	-	PM 2: OF SE E.FLOR	•
	HOLL	YWOOD	FL	3302	0		ALE RIDA	1
The street addre as changed will	ss of its registere be identical.	ed office and the s	street address	of the busine	ss office of its	s register	ed agent,	
Such change wa authorized by th	s authorized by the c	resolution duly ac orporation has be	lopted by its len notified in	poard of direct writing of the	ctors or by an e change.	officer se	0	
(Signatu	et of an officer or direc	ctor)	_#		SOR E		<u>ESID</u> ei	VI.
	/	as registered age ne provisions of al with and accept th o reflect a change writing of this ch	ent and agree I statutes rela te obligation of in the registe ange.	to act in this tive to the pr of my position ered office ad	capacity coper and com n as registered dress, I hereb	plete per 1 agent. y confirm	formance Or, if this n that the	
Mee	PLU nature of Registered A		•	07.0				
If signing on bel	half of an entity:							
ANA C	SORB	3/						
(1	yped or Printed Name)	<del></del>						

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