## P05000147170

(Re	questor's Name)	<del></del>
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SIGLAS ENTERRISES CORR			
SUBJECT: SIGLAS ENTERPRISES CORP.  (Name of Corporation)			
DOCUMENT NUMBER: P05000147176			
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:			
JAVIER CAMPILLO (Name of Contact Person)			
SIGLAS ENTERPRISES CORP. (Firm/Company)			
13751 SW 143 CT. SUITE # 106 (Address)			
MIAMI, FL. 33186			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
JAVIER CAMPILLO at ( 305 ) 2738121  (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 chan	ge is submitted for a corporation organize	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of FLORIDA	
	to change its registered office or registere		
	e corporation: SIGLAS ENTERPRISES C		
2. The principal o	office address: 13751 SW 143 CT. SUITE	# 106	
3. The mailing ad	dress (if different): 13751 SW 143 CT. S	UITE # 106	
MIAMI, FL. 33	186		
4. Date of incorpo	oration/qualification: 11/02/2005	Document number: P05000147176	
5. The name and a Florida Depart	street address of the current registered ager ment of State:	nt and registered office on file with the	
<u> </u>	LORCA, CLAUDIA		
	7830 CAMINO REAL K-305		
	MIAMI FL 33143 US	9 186	
6. The name and (if changed):	street address of the new registered agent (	(if changed) and /or registered office	
, 	JAVIER CAMPILLO	<u> </u>	
	13751 SW 143 CT. SUITE # 106		
	(P.O. Box NOT acceptable)	···	
! ~	MIAMI, FL. 33186		
The street address as changed will be	s of its registered office and the street ad be identical.	ddress of the business office of its registered agent,	
Such change was authorized by the	s authorized by resolution duly adopted be board, or the corporation has been notif	by its board of directors or by an officer so fied in writing of the change.	
//////////////////////////////////////	e of an officer or director)	JAVIER CAMPILLO - PRESIDENT (Printed or typed name and title)	
I hereby accept to I further agree to of my duties, and document is bein	he appointment as registered agent and a comply with the provisions of all statut	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
X IM		07/01/2007	
(Sign	ziure of Registered Agent)	(Date)	
If signing on beh	nalf of an entity:		
JAVIER CAME	<del></del>		
(t)	ped 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)