

PD6000009016
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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : ANOLI
Account Number : I20070000139
Phone : (561) 249-4447
Fax Number : (561) 526-1447

RECEIVED
2007 OCT 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
ANOLI CAPITAL INTERNATIONAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ANOLI CAPITAL INTERNATIONAL, INC.
(Name of Corporation)

DOCUMENT NUMBER: P06000009016

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:

ALBERT SCHULZ

(Name of Contact Person)

ANOLI CAPITAL INTERNATIONAL, INC.

(Firm/Company)

5499 NORTH FEDERAL HWY. 201/202

(Address)

BOCA RATON, FL, 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT SCHULZ

(Name of Contact Person)

at (

561

) 249 4447

(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

CR2F045 (8/05)

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**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ANOLI CAPITAL INTERNATIONAL, INC.
2. The principal office address: 5499 FEDERAL HWY. 201/202, BOCA RATON FL, 33431
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/18/2006 Document number: P06000009016
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

SCHULZ, ALBERT

600 PALMETTO PARK ROAD

BOCA RATON FL 33486

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SCHULZ, ALBERT

5499 NORTH FEDERAL HIGHWAY, SUITE 201/202

(P.O. Box NOT acceptable)

BOCA RATON FL 33431

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 authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

x 
(Signature of an officer or director)

ALBERT SCHULZ
(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.

x 
(Signature of Registered Agent)

x 10/18/2007
(Date)

If signing on behalf of an entity:

(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
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