Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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Account Name

: RASCO, REININGER, PEREZ & ESQUENAZI, P.L.

Account Number: 104076000124 Phone

(305) 476-7100

Fax Number

(305) 476-7102



REGISTERED AGENT CHANGE

PUINARE CORP.

Certificate of Status	1
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: PHINAPE CORP		
(Name of Corp	oration)	
DOCUMENT NUMBER: P06000028493		
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:	
ALEX MOTTS (Name of Contact	t Person)	
	 	
RASCO REININGER PEREZ E	SOLENAZI & VIGIT	
(Firm/Company)		
283 CATALONIA AVENUE, 2 FLOOR (Address)		
	,	
CORAL CABLES, FL 33134		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
ALEX MOTTA (Name of Contact Person)	at (305) 476~7100 (Area Code & Daytime Telephone Number)	
(reame of Consict Person)	(Area Code & Daytine Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department	nt of State.	
Mailing Address; Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	
Talkalassee, FL 32317	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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: PUINARE CORP
2. The principal office address: 8441 NW 68 Street, Miami, FL 33166
3. The mailing address (if different):
4. Date of incorporation/qualification: 02/24/06 Document number: P06000028493
 The name and street address of the current registered agent and registered office on file with the Florida Department of State;
ROSEN, BORIS
1001 BRICKEL BAY DRIVE, STE 1400
MIAMI, FI 33131
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed);
MIAMI CORPORATE SYSTEMS
283 CATALONIA AVENUE, 2 floor
(P.O. Box NOT occeptable)
CORAL GABLES, FL 33134
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.
(Sparate or on on tell or director) Charles 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 duttier, and Lam familiar with and accept the obligation of my position as registered agent. Or, if this document is being filled merely to reflect a change in the registered office address, I hereby confirm that the comporation has been notified in writing of this change. (Bate)
If signing on behalf of an entity:
(Typed or Printed Name)

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