

P07000030933

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : M.T.A. INC.
Account Number : I20080000052
Phone : (305) 827-6088
Fax Number : (305) 827-6089

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

LITTLE MIAMI CUBAN CAFE INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LITTLE MIAMI CUBAN CAFE INC.
(Name of Corporation)

DOCUMENT NUMBER: P07000030933

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:

PAUL C. BROOKS
(Name of Contact Person)

M.T.A. INC.
(Firm/Company)

7975 NW 154 ST. SUITE 430
(Address)

MIAMI LAKES, FL. 33016
(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL C. BROOKS at (305) 827-6088
(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

CR2E045 (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 617.1509, 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: LITTLE MIAMI CUBAN CAFE INC.
2. The principal office address: 4196 W US HWY 90 STE 101
LAKE CITY, FLORIDA 32066
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/06/2007 Document number: P07000030933

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CARMEN CUENCA
6910 W UNIVERSITY AVE SUITE # 2
GAINESVILLE, FL 32607

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

NURI E ROMEU
15337 SW 40 ST
(P.O. Box NOT acceptable)
DAVIE, FL 33331

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, and the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer or director)

NURI E ROMEU
(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.

[Signature]
(Signature of Registered Agent)

9/02/2008
(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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