## P07000125861

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





100209355491

06/27/11--01008--015 \*\*35.00

M JUN 27 PH 4:51

RAChange 06-30-11

## COVER LETTER

LUVUDV ALITO IMPORTO MIO							
SUBJECT: LUXURY AUTO IMPORTS, INC.  Name of Corporation							
DOCUMENT NUMBER	R:P07	000125861					
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:							
CHRISTINA KARBORANI							
Name of Contact Person							
Firm/Company							
	540 BRICKELL KEY DRIVE #600 Address						
MIAMI, FLORIDA 33131							
City/State and Zip Code							
	Taxi19846	∂aol com					
Taxi1984@aol.com  E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
	A KARBORANI	at ( 305 ) 29 Area Code & Daytime Tele	8-9274				
Name of C	Contact Person	Area Code & Daytime Tele	ephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.							
<u>n</u>	Mailing Address:	Street Address:					
	Amendment Section	Amendment Section Division of Corporati	ione				
	Division of Corporations P.O. Box 6327	Clifton Building	10113				
	Collabassas El 27314	2661 Evecutive Center	or Circle				

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a co	orporation organize	607.1508, or 617.1508. Flo d under the laws of the Stat d agent, or both, in the State	e of FLORIDA		
1. The name of	the corporation: LUXU	IRY AUTO IM	IPORTS, INC.			
	office address: 540 BF	RICKELL KEY D	PRIVE #600			
3. The mailing a	iddress (if different): SA	ME AS ABOVE				
4. Date of incorp	poration/qualification:	11/21/2007	Document number:	P07000125861		
	I street address of the curtment of State: (If resign	•	nt and registered office on fi	le with the		
	CHRISTINA KARE	ORANI				
	19641 CUTLER C	OURT				
	MIAMI, FLORIDA	33189				
6. The name and (if changed):	l street address of the nev	w registered agent (	if changed) and /or registere	and officery of S		
	CHRISTINA KARE	BORANI		SIX <b>5.</b>		
540 BRICKELL KEY DRIVE #600						
P.O. Box NOT acceptable						
	MIAMI, FLORIDA					
The street address changed will	ess of its registered office be identical.	ce and the street ad	dress of the business office	e of its registered agent,		
Such change we authorized by the	as authorized by resolut be board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or lied in writing of the chang	by an officer so e.		
Signatu	re of an officer or afrector	W.	CHRISTINA KARBOR	RANI, PRESIDENT		
I furthar acrée	to cominly with the prov	icione of all statute	agree to act in this capacit es relative to the proper an ation of my position as regi registered office address, I	d complete pertormance		
Mille	matury of Registered Agent		JUNE 22,	2011		
	chalf of an entity:		Zuic			
Т	yped or Printed Name					

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