

PO8000021108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

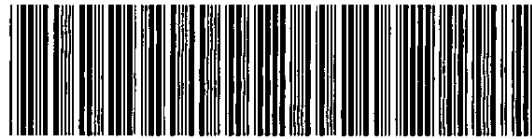
(Business Entity Name)

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TALLAHASSEE, FLORIDA

cm
7/7/09

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Miami June 29 2009

To whom this may concern

Dear Sir / Madame,

As per my telephone conversation with your office this morning, In order to make a change to my address, I must write this letter to confirm my new address. Please find below all information needed.

Florida Profit Corporation

SOFT HANDS ORIENTAL MASSAGE, INC.

Filing Information

Document Number: P08000021108
FEI/EIN Number: NONE
Date Filed: 02/27/2008
State: FL
Status: ACTIVE

Principal Address

16199 BISCAYNE BLVD
NORTH MIAMI BEACH FL. 33181
TEL: (786) 553-1710

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW MAILING ADDRESS

16950 NORTH BAY ROAD. APT. # 1401
SUNNY ISLES BEACH, FL. 33160-4245

Registered Agent Name & Address

JUGNACE, JOSEPH
16950 NORTH BAY ROAD. APT. # 1401
SUNNY ISLES BEACH, FL. 33160-4245