

PD8000040278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

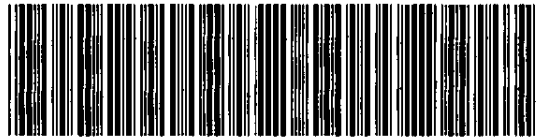
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Kobeni  
Name of Corporation

**DOCUMENT NUMBER:** P08000040278

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:

Yair Szlaifer-Shalev  
Name of Contact Person

Kobeni  
Firm/Company

2028 Harrison Street Suite 106  
Address

Hollywood, FL 33020  
City/State and Zip Code

yair@miaventure.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yair Szlaifer-Shalev at ( 954 ) 926-5644  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 16, 2009

YAIR SZLAIFER-SHALEV  
KOBENI, INC.  
2028 HARRISON STREET - SUITE 106  
HOLLYWOOD, FL 33020

SUBJECT: KOBENI INC.  
Ref. Number: P08000040278

We have received your document for KOBENI INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 409A00035664

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Kobeni INC.
2. The principal office address: 2028 Harrison Street Suite 106, Hollywood, FL 33020
3. The mailing address (if different): 2028 Harrison Street Suite 106, Hollywood, FL 33020
4. Date of incorporation/qualification: 08/19/2004 Document number: P04000120220
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MIA VENTURE CORP.  
3131 NE 188<sup>th</sup> ST #2601  
AVENTURA, FL 33180

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

Mia Venture Corp.  
2028 Harrison Street Suite 106, Hollywood, FL 33020

P.O. Box NOT acceptable

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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.

Signature of an officer or director

YAIR SELMER-SHALOW  
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 of Registered Agent

11/6/09  
Date

If signing on behalf of an entity:

YAIR SELMER-SHALOW  
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