

PD80000077423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

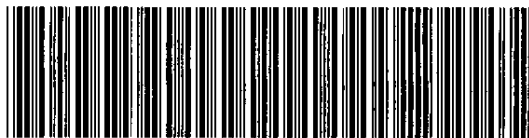
(Document Number)

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08/21/09--01007--013 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. / change  
@ 9/9/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Solina Realty Corp.  
Name of Corporation

DOCUMENT NUMBER: P08000077423

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:

Emeterio Santovenia  
Name of Contact Person

Solina Realty Corp.  
Firm/Company

12940 SW 128th Suite 204  
Address

Miami FL 33186  
City/State and Zip Code

b/guintana@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emeterio Santovenia at (305) 321-1010  
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

August 24, 2009

EMETERIO SANTOVENIA  
SOLINA REALTY, CORP.  
12940 SW 128 ST., SUITE 204  
MIAMI, FL 33186

SUBJECT: SOLINA REALTY, CORP  
Ref. Number: P08000077423

We have received your document for SOLINA REALTY, CORP 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: 509A00028473

RECEIVED

2009 SEP -3 AM 8:00

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: Solina Realty, Corp  
2. The principal office address: 12940 SW 128th Suite 204  
Miami FL 33186  
3. The mailing address (if different): 12940 SW 128th Suite 204  
Miami FL 33186  
4. Date of incorporation/qualification: 08/18/2008 Document number: 708000077423  
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)

(Resigned)  
Barbara Lopez  
12940 SW 128th Suite 204  
Miami FL 33186

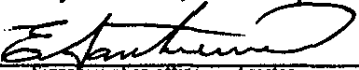
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Emeterio Santovenia  
12940 SW 128th Suite 204  
Miami FL 33186  
P.O. Box NOT acceptable

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09 SEP -3 AM 9:30

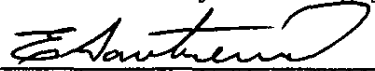
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

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

Emeterio Santovenia President  
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

8-15-2009  
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  
CR2E045 (8/05)