70900043468

(Requestor's Name) (Address)	800158731388
(City/State/Zip/Phone #)	·
(Business Entity Name)	07/30/0901059007 **35.00
(Document Number)	
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2009 JUL 30 AM 10: 02 SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

TO:	Amendment S Division of C	Section orporations					
SUBJECT: ASUKA COLLECTIONS CORP. Name of Corporation							
	1 Mary		•				
DOCU	MENT NUM	BER: PC	9000043468				
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:							
		ASTRID Name of t	RODRIGUEZ Contact Person				
		Name of	Contact Person				
		Fimo	Company				
			AN STREET, #204				
	•	Α	ddress				
	_	PEMBROKE	PINES, FL 33024 and Zip Code				
		City/State	and Zip Code				
		ASTRIDANADE	ELL@GMAIL.COM				
	E	-mail address: (to be used for	r future annual report notification)				
For fur	ther information	on concerning this matter, pleas	se call:				
	MA	RIA T. RAMOS	at (305) 725-3165				
		of Contact Person	at (305) 725-3165 Area Code & Daytime Telephone Number				
Enclose	ed is a \$35.00 o	check made payable to the Dep	partment of State.				
		Mailing Address: Amendment Section	Street Address:				
			Amendment Section				
		Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
		Tallahassee, FL 32314	2661 Executive Center Circle				
			Tallahassee, FL 32301				

9950 sheridan st apt 204 Pembroke pines fl 33024

Department of the Treasury Internal Revenue Service Center Odgen, UT 84201

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co in order to change its registered	rporation organize	d under the laws of the Sta	te of FLORIDA		
1. The name of the corporation: ASUK	A COLLECT	IONS CORP.			
2. The principal office address: 9950 S PEMBROKE PINES, FL 3302					
3. The mailing address (if different):			,		
4. Date of incorporation/qualification:	05/07/2009	Document number:	P09000043468		
5. The name and street address of the cur Florida Department of State: (If resign		nt and registered office on f	ile with the		
ASTRID RODRIGUEZ	3				
3208 HUNTINGTON					
WESTON, FL 33332	<u> </u>				
6. The name and street address of the new registered agent (if changed) and /or registered office ARC (if changed): MIGHELINA SILVESTRE					
MIGUELINA SILVE	 		AMIO: 02		
1770 ACORN LAN	1770 ACORN LANE P.O. Box NOT acceptable				
PEMBROKE PINE	S, FL 33026		IDA N		
The street address of its registered offic as changed will be identical.	e and the street ad	dress of the business offic	e of its registered agent,		
Such change was authorized by resoluti authorized by the board, or the corporat					
Signature of ar other or director		ASTRID RO	DRIGUEZ		
I hereby accept the appointment as regilituring agree to comply with the provious of my duties, and I am familiar with and document is being filed merely to reflect corporation has been notified in writing in the signature of Registered Agent					
If signing on behalf of an entity: Silvestre Typed or Printed Name	·				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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