## P1000090862

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
٢





700187617787

11/12/10--01039--001 \*\*35.00



824 3252

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: CVBA E CONOMICO ENVIOS, INC.

Name of Corporation

P10000090862

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:

Name of Contact Person

WBA ECONOMIC D ENVIOS, INC.

Firm/Company

7856 W. 34 CT.

Address

HIALEAH, FL 33018

City/State and Zip Code

Guay 05 2004 D yahoo. com.

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (786) 227-0432

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

X

X

26 3052794409

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

statement of char	rovisions of sections 607.0502, 6 tge is submitted for a corporation	organized under	the laws of	the State of	FLOR		
	to change its registered office or	_		· ·			
<ol> <li>The name of t</li> <li>The principal</li> </ol>	ne corporation: CUBA E of office address: 79 5 6	w 34 C	7 . , H	IALEAH,	FL	331	810
3. The mailing ac	dress (if different):						
4. Date of incorp	oration/qualification: 11 5	( Doc	ument numb	er: <u> </u>	0000	908	762
	street address of the current regis ment of State: (If resigned, enter i		egistered off	ice on file with th	re		
	(RESIGNED) M	TERCEDE	5 40	R			
	•	7856 W				E4.0	
	-	HIALEAI	I, FL	33018			A DIN S
6. The name and (if changed):	street address of the new registers	ed agent (if chang	ged) and /or 1	registered office			12 H
	OLGA VA	LERD				Same Stady	
	7856 W	1. 34 CT	-			20 m	ယ (အ
	P.O.	Box NOT acceptable	_			10 اند	
		H, FL					
The street addre	ss of its registered office and the be identical.	street address o	f the busines	ss office of its re	gistered	agent,	
Such change wa authorized by the	authorized by resolution duly a board, or the corporation has b	adopted by its bo been notified in v	eard of direct vriting of the	tors or hy an off c change.	ñcer so		
124			LEA V	A LERO	DIRE	CTO	R
	to the officer or director OLG A VALUE of the appointment as registered as a comply with the provisions of a lam familiar with and accept the filed merely to reflect a change been notified in writing of this company.				ete perfo gent. Oi confirm (	rmance r, if this that the	!
1934	/	C	9-09	- 2010			
Sign	ature of Registered Agent OLSAVA	TERO	<del>-/</del>	Date			
If signing on be	alf of an entity:						
· · · · · · · · · · · · · · · · · · ·	pod or Printed Name	-					
	* * * FILI	NG FEE: \$35.0	0 * * *				

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