

P110000059013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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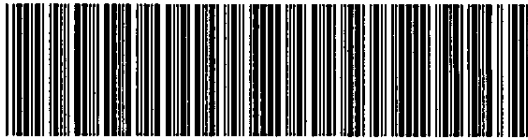
(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LARES PROPERTY CORP.

Name of Corporation

**DOCUMENT NUMBER:** P11000059013

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:

ALBERTO MIQUEL

Name of Contact Person

MIQUEL ACCOUNTING SERVICE

Firm/Company

5100 S. DIXIE HWY., SUITE 10

Address

WEST PALM BEACH, FL. 33405

City/State and Zip Code

MIQUEL1951@AOL.COM

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

For further information concerning this matter, please call:

ALBERTO MIQUEL

Name of Contact Person

at ( 561 ) 588-8878

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

