

P94000014830

CASINO Limousines, Inc.

(Requestor's Name)

P.O. Box 430255

(Address)

(Address)

Miami, FL 33243

(City/State/Zip/Phone #)

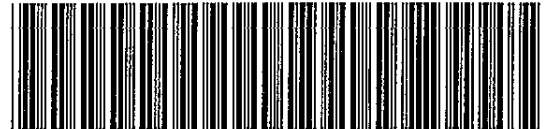
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Casino Limousines, Inc.

2. The mailing address of the corporation : P.O. Box 430255

South Miami, FL 33143

3. Date of incorporation/qualification: 02/21/94 Document number: P94000014830

4. The name and address of the current registered agent and registered office:

Odalys Suarez

8554 SW 129 Terrace

Miami, FL 33156

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
(P.O. Box NOT Acceptable)

Jesus Casamayor

9701 SW 130 Street

Miami, FL 33176

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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.

Jesus Casamayor (Signature of an officer, chairman or vice chairman of the board) _____ (Date)

Jesus Casamayor PRES.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Jesus Casamayor (Signature of Registered Agent) _____ (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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