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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TWE of Florida, Inc.	(Name of Corporation)
DOCUMENT NUMBER: P9800001	3535
	egistered Office/Agent and fee are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
Denis Fishman	(Name of Contact Person)
Law Offices of Der	nis Fishman, LLC (Firm/Company)
19495 Biscayne Blv	(Address)
Aventura, FL 33180)
	(City/State and Zip Code)
For further information concerning this i	natter, please call:
Denis Fishman (Name of Contact Person	at (305) 931-9355 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payabl	e to the Department of State.
Mailing Address Amendment See Division of Co P.O. Box 6327 Tallahassee, Fi	Amendment Section Division of Corporations Clifton Building

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

		.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida
		egistered agent, or both, in the State of Florida.
1. The name of	the corporation: TWE of Florida,	Inc.
		Blvd., Ste 605, Aventura, FL 33180
3. The mailing	address (if different):Same	
4. Date of inco	rporation/qualification: 1999	Document number: P98000013535
	nd street address of the current register artment of State:	red agent and registered office on file with the
	Juzef Yakobi	
	4000 W Island Blvd., #3006	
	Aventura, FL 33160	
6. The name ar (if changed):		agent (if changed) and /or registered office 70 8
	Denis Fishman	CALL OR
	19495 Biscayne Blvd., Ste 6	
	(P.O. Box NOT accor	ptable)
	ress of its registered office and the s Il be identical.	treet address of the business office of its registered agent,
Such change v authorized by	was authorized by resolution duly ad the board, or the corporation has be	opted by its board of directors or by an officer so en notified in writing of the change.
	ature of an officer or director)	Solomon Edelman (Printed or typed name and title)
I hereby accept further agree of my duties, a document is b	ot the appointment as registered age	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the
		05/28/2008
`	Signature of Registered Agent)	(Date)
ir signing on t	pehalf of an entity:	
	(Typed or Printed Name)	

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