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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: La Shangrila, Inc. (Name of Corporation)		
(
DOCUMENT NUMBER: P98000037677		
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:		
Raymond A. Haas, Esq.		
Raymond A. Haas, Esq. (Name of Contact Person)		
Haas, Dutton, Blackburn, Lewis, Guerra & Wainoris, P.A. (Firm/Company)		
4921 Memorial Hwy Suite 200		
4921 Memorial Hwy. Suite 200 (Address)		
Tampa, FL 33634 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Raymond A. Haas at (813) 253-5333 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section Street Address: Amendment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: La Shangrila, Inc.
	office address: 2310 N. Dale Mabry Hwy., Tampa, FL 33607
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 4/24/98 Document number: P98000037627
	d street address of the current registered agent and registered office on file with the rtment of State:
	COHEN, ROBERT F CPA
	2918 Busch Lake Blvd.
	Tampa, FL 33614
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Raymond A. Haas, Esq.
	4921 Memorial Hwy., Suite 200
	(P.O. Box NOT acceptable) Tampa, FL 33634
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signat	see of an officer or director) (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and ogree to act in this capacity. to confide with the provisions of all statutes relative to the proper and complete performance of amiliar with and accept the obligation of my position as registered agent. Or, if this had filled merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. Out the confirmance of the provision of this change. (Date)
Raymon	half of an entity: Od A. Haes 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 * * *