009375

(Re	equestor's Name)					
(Ad	ldress)					
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JEORE LARY OF STATE
ALLAHASSEF, FLORING

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: KALUGA S.A. (Name of Al	ien Business Organization)
Dear Sir or Madam:	
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Agent/Registered Office for Alien Business Organization and
Please return all correspondence concerning this	matter to the following:
RAUL MORALES DEL RIO	
(Name of Person)	
KALUGA S.A.	
(Firm/Company)	
NINE ISLAND AVENUE ,TOWER 4	
(Address)	
MIAMI BEACH , FLORIDA 33139	
(City/State and Zip Code)	
For further information concerning this matter, pl	lease call:
RAUL MORALES at (30	o5 ₎ 531-4711
(Name of Person) (Are	ea Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amount:	
\$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy

INHS23 (08/05)

STATEMENT OF CHANGE OF REGISTERED AGENT AND/OR REGISTERED OFFICE FOR ALIEN BUSINESS ORGANIZATION

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO CHANGE ITS REGISTERED OFFICE AND/OR REGISTERED AGENT:

1. KALUG	SA S.A						
		(Name of alien busine	ess organization)				
2. 06/18/1	985	3. Q09375	4	N/A			
(Florida registration date)	(Florida docun	nent number)	t number) (FEI Number, if applicable)			
5. 40TH S	STREET & BALBOA	AVENUE PANAMA, R	R.P.				
		(Principal offic	e address)				
6. Name	and address of registe	ered agent and office cur	rently on recor	d with this office:	LL AH	12 JUI	77
	SOMBERG, NO	ORMAN			AS IAS	-	र-मान-गर्न-गर्न- इ.स्ट्रायन्त्र-गर्न- इ.स्ट्रायन्त्र-१
	917 DUPONT P	LAZA CENTER			₹¥ 0F	8 AM	
	MIAMI FLORIDA				2017 V1S	4 温料	
7. New re	egistered agent and/or				AIDV VIE	44	
	RAUL MORALI	ES DEL RIO					
	NINE ISLAND A	VENUE ,TOWER 4					
	MIAMI BEACH	, FLORIDA 33139					
	(No	ote: Registered office must b	e a Florida street	address)			
	eet address of the reg	istered office and the st	reet address of	the business office	of the		
		d by the board of direct	tors-or-an offic	er of the corporation	on so		
author	ized by the board of	directors.					
		(hali)	·				
10		Signature of chairman, vice	-6				
	(signature of chairman, vice	Chamban, or othe	.c.,			
II. RAU	L MORALES DEL						
<u></u>	(Name and capacity of person	n signing in numb	er 10 above)			
l her	eby accept the appoi	d agent, if applicable: ntment as registered ag 7.0505, Florida Statutes		liar with and accep	t the		
RAUL N	MORALES DEL RIC		_	6/05/2012			
	(Registered agent acco	pting appointment)			(Date)		

FILING FEE: \$35.00

Make checks payable to Florida Department of State and mail to: Division of Corporations P. O. Box 6327 - Tallahassee, FL 32314