

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special Instructions to Filing Officer:				
A. LUNT				
APR -1 2010				
EXAMINER				

Office Use Only



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03/29/10--01045--004 **35.00

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: De Sacrollas Penin (Name of A	SULUTCS De La Florio lien Business Organization)	da S.A.
Dear Sir or Madam: The enclosed Designation of Registered Agent a are submitted for filing. Please return all correspondence concerning this		ganization and fee(s)
Heather Porry (Name of Person)		
Moraitis, Colar, Karrey & Moraitis (Firm/Company)		2010) FACE
915 Middle River Dave #501 (Address)	<u> </u>	ZOIO MAR 30 PM SECRETARY OF S
Fort Landredale, FL 33304 (City/State and Zip Code)	<u> </u>	PH ::48
For further information concerning this matter, p	please call:	
Heither Permy at (9) (Ar	rea Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount: \$35.00 Filing Fee	\$43.75 Filing Fee & Certified C	Сору

DESIGNATION OF REGISTERED AGENT AND 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 DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. DESARROLLOS	PENINSULARES DE LA FLORIDA S.A.				
	(Name of alien bus	siness organization)		
2. PANAMA		3.			
(State or country under which entity is organized) (FEI Number, if applicable)				plicable)	
. 1900 S OCEAN	N POLITEVARRE #1400 ROMBANO E	מבארטון דו ממ	060		
4, 1000 S. OCEAN	N BOULEVARD #1409, POMPANO E	fice address)	062		
	(1.111-1-par 0.				
5. Name and Florid	la Street address of registered agent.				
	GEORGE R. MORAITIS				
	915 Middle River Drive, Suite 5	506			
	Fort Lauderdale, FL 33304				
	ss of the registered office and the street	address of the	ousiness office of th	***	
are identical.		DA	//	2010 MAR 30 SECALIBAS ALLAHASSE	
7	- figulia ,	Geler		> 0 %	
	(Signature of chairman,	vice chairman, or o	officer)	AR IAS	
8.				30 E	_
	(Name and capacity of perso	n signing in numb	er 7 above)		ir
9. Signature of regi	internal agents				
9. Signature of regi	isiered agent.				**************************************
I hereby accept the	e appointment as regi stered agent. I	am familiar v	vith and accept the	obligations of s	ection
607.0505, Florida S	Statutes				
/					
,			/	/	
χ		<u></u>	3/:	24/10	
(Registered	agent accepting appointment)		(De	ite)	

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

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