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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kranzburg Corp.	
(Nam	ne of Alien Business Organization)
Dear Sir or Madam:	
The enclosed Designation of Registered A are submitted for filing.	agent and Registered Office for Alien Business Organization and fee(s)
Please return all correspondence concerni	ng this matter to the following:
Carlos A. Romero, Jr.	
(Name of Person)	
Post & Romero	
(Firm/Company)	
0405 0 4-1 01-4-0-2-400	•
3195 Ponce de Leon Blvd., Suite 400	<u></u>
(Address)	
Coral Gables, FL 33134	
(City/State and Zip Code)
	, , , ,
For further information concerning this m	netter please call
to rather injornation concerning this in	latter, prease earr.
	at (305) 445-0014
(Name of Person)	at (305) 445-0014 (Area Code & Daytime Telephone Number)
,	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following ar	mount:
▼ \$35.00 Filing Fee	\$43.75 Filing Fee & Certified Copy
	and the second s

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:

KRANZBURG CORP.			
	(Name of alien busi	ness organization)	
PANAMA		3. NA	
(State or country und	er which entity is organized)	(FEI Number, if applicable)	
c/o Fox Horan & Came		LP, 825 Third Avenue, New York, I	NY 10022
	(Principal off	ice address)	
. Name and Florida Stree	t address of registered agent.		
	Law Office of Carlos A. Rome	ro, Jr., PA	
	3195 Ponce de Leon Blvd., Suit	te 400	
	Coral Gables, FL 33134		
. The street address of the are identical.	e registered office and the street	address of the business office of the re	egistered agent
20			
· _	(Signature of chairman, v	ice chairman, or officer)	
Ezequiel Camerini, its F	Procident		
Lzequiei Camenni, its r	(Name and capacity of person	signing in number 7 above)	
		organis in nombor 1 above)	
. Signature of registered	agent:		
hereby accept the appo 607.0505, Florida Statutes		am familiar with and accept the ob	ligations of section
al A Koners, h	cepling appointment)	5-17-2011 (Date)	
(Registered agent ac	cepfing appointment)	(Date)	
DEPARTMENT OF ST		RGANIZATION FORM WITH RIZE THE ABOVE REFERENC DA.	
	FILING 1	FEE \$35	JUN
		Department of State and mail to: Box 6327 Tallahassee, FL 32314	1-9 1-9 1-8881 4-8881

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