

F03000001267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

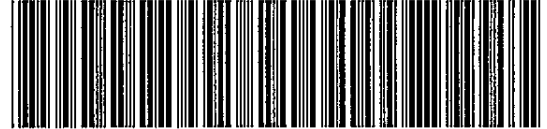
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/30/04--01030--013 **35.00

RECEIVED
04 JUN 30 AM 11: 25
DIVISION OF CORPORATION

FILED
04 JUN 30 PM 2: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Regis

Q. O. O. JUN 30 2004

CT CORPORATION

June 30, 2004

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 6138246 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Savino Del Bene U.S.A., Inc. (NY)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of New York in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Savino Del Bene U.S.A., Inc.
 2. The principal office address: 149-10 183rd Street, Jamaica, NY 11413

3. The mailing address (if different): _____

4. Date of incorporation/qualification: March 12, 2003 Document number: F0300000

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Savino Del Bene USA Inc.
11200 NW 25th Street
Miami, FL 33172

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System
 (P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Filippo Occaso (Signature of an officer, chairman or vice chairman of the board) Filippo Occaso, Secretary (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: *Cornie Bryan* Special Asst Secretary
 (Signature of Registered Agent) (Date) 6/30/04

If signing on behalf of an entity:
 _____ (Typed or Printed Name) _____ (Capacity)

* * * 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

FILED
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 SECRETARY OF STATE
 TALLAHASSEE, FL 32314