

PD60000033217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

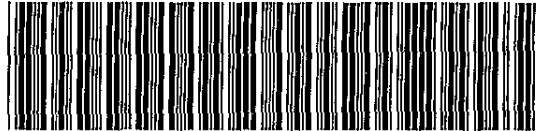
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06 MAR 31 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Madera Final Touch Solution, Inc.
(Name of Corporation)

DOCUMENT NUMBER: PO6 0000 33217

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Helen Oliveira
(Name of Contact Person)

New life Professional Services
(Firm/Company)

6849 Pasturelands Place
(Address)

Winter Garden FL 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

Helen Oliveira at (407) 466-7919
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | |
|--|---|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

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

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

ARTICLES OF CORRECTION

for

Madera Final Touch Solution, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

PO6000033217

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Office / Director Detail

(Document Type Being Corrected)

filed with the Department of State on 3/7/06

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Add Officer / Director
① Marcos A de Sousa Rodrigues
235 Alston Drive
Orlando FL 32835
Title: Vice President

FILED
MAR 8 AM 11:00
STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

Deise L Rodrigues

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Deise L Rodrigues

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35.00