DOCUMENT # 857167  1. Entity Name D. CARDI, INC.  Principal Place of Business  23260 BOCA TRACE DR BOCA RATON FL 33433 US  SEE Change BELow						Apr 04, 2001 8:00 am Secretary of State 04-04-2001 90011 019 ***150.00		
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State	e	City & Sta	City & State			lumber <b>05-0318652</b>	Applied For Not Applicable	
Zip	Country	Zip	C	ountry	5. Certi	ficate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
CARDI, DOMENICO 23260 BOCA TRACE DR. BOCA RATON FL 33433				Street Address (P.O. Box Number is Not Acceptable)				
				City		FI	Zip Code	
SIGNATURE _ 9. This corpo Tax filing r	named entity submits this state.  Signature, typed or printed name of registeration is eligible to satisfy its Integration is eligible to satisfy its Integration and elects to do satisfy its on back)	ered agent and title if applicable ntangible D. Aft		tered Agent signature req EE IS \$150.00 ee will be \$550.0	uired when reinstat	ng) DATE  D. Election Campaign Financing	\$5.00 May Be Added to Fees	
11.	OFFICE	RS AND DIRECTORS	1	2.	ADDITI	ONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP JITLE NAME	PVS CARDI, DOMENICO 23260 BOCA TRACE DR BOCA RATON FL TD CARDI, DOMENICO 23260 BOCA TRACE DR BOCA RATON FL	,	Delete	ITLE AME STREET ADDRESS STY-ST-ZIP TILE AME	1 67	DOMENICO  ME 22 AVE  NOUSE Point J  DOMENICO  E 22 AVE  OUSE PT. FL 3	10 23neU	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		Delete N	ITREET ADDRESS CITY-ST-ZIP  UTLE IAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition	
TITLE			Delate	STI F			Change C Addition	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: + Domenico Cardo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME Street address

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

4/2/01 954-942-649

☐ Change

☐ Addition