

PO00000048792

Sender's  
Name

Ward

Phone

914 2741814

Company

P. Ward Inc

Address

121 S 21 Court

City

Liberty

State

IL ZIP 33020

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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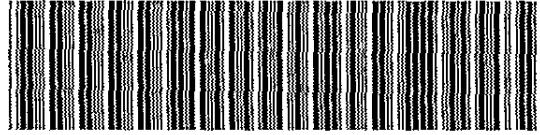
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06 JUL 25 11:10:00  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2006

DMARTIN, INC.  
1521 SOUTH 21 FIRST COURT  
HOLLYWOOD, FL 33020

SUBJECT: DMARTIN, INC.  
Ref. Number: P00000048792

We have received your document for DMARTIN, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 606A00044090

RECEIVED  
JUL 10 2006  
AM 10:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: DMARTIN INC  
(Name of Corporation)

DOCUMENT NUMBER: P00000048792

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARTIN DESBIEUX  
(Name of Contact Person)

DMARTIN INC  
(Firm/Company)

1521 S 21 court  
(Address)

Hollywood FL 33020  
(City/State and Zip Code)

For further information concerning this matter, please call:

Marlin at (954) 274-1514  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: D MARTIN INC
2. The principal office address: MARTIN DESBIENS  
338N E 3 ST Hallandale FL 33009
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: May 17-2000 Document number: P00000048792
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Martin Desbiens  
338N E 3 ST  
Hallandale FL 33009

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06 JUL 25 AM 10:00  
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GILLES Belanger  
3300 N State Road 7 Hollywood  
(P.O. Box NOT acceptable)  
FL 33021

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.

M C M C  
(Signature of an officer or director)

MARTIN DESBIENS  
(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.

[Signature]  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)