


**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

<b>DOCUMENT # P01000080900</b>			
<b>1. Entity Name</b> MEDITERRANEAN CONCEPTS CORPORATION			
<b>Principal Place of Business</b> 7211 MIAMI LAKES DRIVE A-3 MIAMI LAKES, FL 33014		<b>Mailing Address</b> 7211 MIAMI LAKES DRIVE A-3 MIAMI LAKES, FL 33014	
<b>2. Principal Place of Business</b> 370 SAN LORENZO AVE Suite, Apt. #, etc. STE 2435 City & State CORAL GABLES, FL Zip 33146 Country U.S.A.		<b>3. Mailing Address</b> 370 SAN LORENZO AVE Suite, Apt. #, etc. SUITE 2435 City & State CORAL GABLES, FL Zip 33146 Country U.S.A.	
<b>6. Name and Address of Current Registered Agent</b> ARNDT, JO-ANN 5212 OVERVIEW COURT ORLAND, FL 32819		Name Street Address City	
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b> SIGNATURE: <i>Jo-Ann Arndt</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required.)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5 Ad	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P RODRIGUEZ, TOMAS E 7211 MIAMI LAKES DRIVE A-3 MIAMI LAKES, FL 33014		<input type="checkbox"/> Delete	
V ARNDT, TIMOTHY A 5212 OVERVIEW COURT ORLANDO, FL 32819		<input type="checkbox"/> Delete	
D ARNDT, JO-ANN 5212 OVERVIEW COURT MIAMI LAKES, FL 32819		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered.</b> SIGNATURE: <i>Jo-Ann Arndt</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			