P01000114274

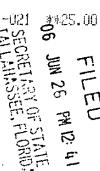
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Piazza de Roma, Inc. (Name of Corporation)
DOCUMENT NUMBER: P0/000/14274
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:
Jonathan Davidacce (Name of Contact Person)
Davidoff Law Firm, Pluc
116 Wegt 23 rd St., Suite 500
City/State and Zip Code)
For further information concerning this matter, please call:
Jongthan David 4 at 212, 386 7602 (Area Code & Daving 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



May 16, 2006

CHARLES DEMONTE PIAZZA DE ROMA, INC. 55 MEADOW COURT MANORVILLE, NY 11949

SUBJECT: PIAZZA DE ROMA, INC.

Ref. Number: P01000114274

We have received your document for PIAZZA DE ROMA, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted. The form submitted was for a limited liability company.

You corporation is a Florida profit corporation, filed under Florida Statute 607.

Enclosed is the proper form with instructions for completing.

The filing fee is \$35.00 a balance of \$10.00 is due when the corrected document is returned.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 006A00034349

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

	isions of sections 607.0502, 61			
	is submitted for a corporation (change its registered office or r			
	Amingo its regular eq office of r	egistered agent, or oom		
1. The name of the co	orporation: VIQ Z	za de	Roma,	Inc
2. The principal offic	re address: 15 2 91	Jog A	nad i	
	Della	y Beach	, FC	33484
3. The mailing addre	ss (if different):			PO UT
				題ると
4. Date of incorporati	ion/qualification:	Document no	mber:	10/32 o C
5. The name and stree Florida Departmen	et address of the current registent of State:			B. E.
the friday and the second and the second	Fir	INV Pinta	Man E	90 34 5
	2799	NWB	oca Rate	Blus +
	Boca	Raton,	FC 3	3431
6. The name and stree (if changed):	et address of the new registered	agent (if changed) and	or registered office	Tan
	Jona Ing.	n Vavio	h D	79.
	(P.O. Box NOT aco	coptable)	vor Ur,	#1003
	Miami Bo	each, tc	<u>, 33139</u>	
The street address of as changed will be id	f its registered office and the sicution.	treet address of the bus	iness office of its reg	istered agent,
Such change was aut authorized by the bo	thorized by resolution duly ad ard, or the corporation has be	lopted by its board of dien notified in writing of	rectors or by an office	er so
Chale	un officer or director)	CHARLES	SEMONTE _	PRESIDENT
I hereby accept the a	appointment as registered age in mily with the provisions of all in familiar with and accept the led merely to reflect a change in notified in writing of this ch	nt and garee to art in th	his canacity	e performance chi. Or, if this nfirm that the
			6/5/0	6
If signing on behalf	of an entity:			
· (Typed o	x Printed Name)			
	•			