(Requestor's Name)			
(Address)	100230671		
(Address)	10020071		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	05/01/12010260		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	The Section of the Se		
Special Instructions to Filing Officer:	しのでは		
	\sim		
	1 X X		

Office Use Only



181

016 **35.00



COVER LETTER

TO: Amendment Section Division of Corporation	ons		
SUBJECT:	KADERABEK	COMPANY Corporation	
	Name of C	Corporation	
DOCUMENT NUMBER:	P02	000087029	
The enclosed Statement of Cha	ange of Registered Offic	ce/Agent and fee are subm	itted for filing.
Please return all corresponden	ce concerning this matte	er to the following:	
•	<u> </u>	-	
	BARRY R.	GOLDSTEIN	
	Name of Co	ontact Person	
the Market States	KADERABE	K COMAPNY	
	Firm/C	ompany	
NO. 10 10 10 10 10 10 10 10 10 10 10 10 10			
Salar Sa Salar Salar Sa	9565 NW 40 S	STREET ROAD	
· (· · · · · · · · · · · · · · · · · ·		dress	<u>"</u>
	, Kristing	,	. 4
	MIAM1 F	i 33178	
	City/State a	L 33178 and Zip Code	
	·		
	barry@kade	erabek.com	
E-mail ad	dress: (to be used for	future annual report noti	ification)
For further information concer	rning this matter, please	call:	
BARRY R. G		at (305)(666-3563 EXT. 227 time Telephone Number
Name of Conta	act Person	Area Code & Dayi	time Telephone Number
Enclosed is a \$35.00 check ma	ade payable to the Depa	rtment of State.	
EA 111	A d'alumant	CA	
Amei	ng Address: ndment Section	Street Address Amendment S	<u>Section</u>
	sion of Corporations	Division of C	orporations
	Box 6327	Clifton Build	_
Talla	hassee FL 32314	2661 Executi	ve Center Circle

Tallahassee, FL 32301

المتكاور

COVER LETTER

Division of Co	prporations		
SUBJECT:	KADERABEK O	COMPANY	
	Name of C	orporation	
DOCUMENT NUMB	BER: P020	000087029	
		e/Agent and fee are submitted for fil	ing.
Please return all corres	pondence concerning this matter	to the following:	
	BARRY R. G	GOLDSTEIN	
	Name of Cor	ntact Person	
	KADERAREK	(COMAPNY	
· · · · · · · · · · · · · · · · · · ·	Firm/Co		
ر المام المام المام المام ال	9565 NW 40 S	TREET ROAD	
V1 / V	Add		
, 1	g to the second	4	No. of the contract
	MIAMI, FL	. 33178 nd Zip Code	. , ,
	City/State ar	nd Zip Code	
	barry@kade	rabek.com	
E-1	mail address: (to be used for f	uture annual report notification)	
For further information	n concerning this matter, please o	eall:	
	R. GOLDSTEIN	at (305) 666-3563 Area Code & Daytime Telepl	EXT. 227
Name	n Comact i Cison	Area Code & Bayanie Teleph	ione i valueei
Enclosed is a \$35.00 c	heck made payable to the Depart	ment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporation	1S
	P.O. Box 6327	Clifton Building	~! ·
	Tallahassee, FL 32314	2661 Executive Center	Circle

Tallahassee, FL 32301

3

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

statement of cha	ange is submitted for a co	orporation organized	607.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat	te of Florida	
	the corporation: KAL				
2. The principal	office address: 9565	NW 40 STREE	ΓROAD, MIAMI, FL 3	3178	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: _	08/08/2002	Document number:	P02000087029	
	d street address of the cu rtment of State: (If resign		at and registered office on f	ile with the	
	THOMAS J. KADE	ERABEK			
	9565 NW 40 STR	EET ROAD			
	MIAMI, FL 33178			2012 \$EC TALLE:	
6. The name and (if changed):	d street address of the ne		if changed) and /or register	5-66	i dingga
	BARRY R. GOLD	STEIN	<u>.</u>	$m_{a_{j}}$	7)
	9565 NW 40 STR	EET ROAD P.O. Box NOT acc			****C
	MIAMI , FL 33178		ceptable		
The street address changed will	ess of its registered offi I be identical.	ce and the street add	dress of the business offic	e of its registered agent,	
_			y its board of directors or led in writing of the chang		
Signatu	ure of an officer or director		BARRY R. GOLDST Printed or typed nam	EIN, VICE-PRES.	
I havahu asaani	t the appointment as nee	gistered agent and a visions of all statute nd accept the obliga ct a change in the r ng of this change.	agree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, I	h.	
Bur!	VSAA		APRIL 19	, 2012	
	ehalf of an entity:		Date		
	RRY R. GOLDSTEIN Typed or Printed Name	<u> </u>			

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

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