2040000/8657

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·				
	····			

Office Use Only



600104006996

06/11/07--01037--005 **35.00

O7 JUN 11 AM 7:49
SECKETARY OF STATE
AND ANASSEF, FLORIDA

TATE ORIDA

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJECT: DREAM KITCHEN CABINET INC. (Name of Corporation)						
DOCUMENT NUMBER: P04000018657						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	Please return all correspondence concerning this matter to the following:					
ROBERTO COLATOSTI (Name of Contact Person)						
DREAM KITCHEN CABINET INC. (Firm/Company)						
10792 NW 81 LANE (Address)						
DORAL, FL 33178 (City/State and Zip Code)						
For fur	ther information concerning this matter, please call:					
ROBE	ERTO COLATOSTI at (Name of Contact Person)	(305) 582-6738 (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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orge er to change its registered office or regis	anized under the laws of the State of $_$	FLORIDA
1. The name of t	the corporation: DREAM KITCHEN	CABINET INC	
2. The principal DORAL, F	office address: 10792 NW 81 LANE		
3. The mailing a DORAL, FL	address (if different): 10792 NW 81 33178	LANE	
4. Date of incorp	poration/qualification: 01/26/04	Document number: P04000	0018657
	d street address of the current registered rtment of State:	agent and registered office on file wi	th the
	SUSAN M. GARCIA, P.A.		_
	901 PONCE DE LEON BI	LVD #606	_
	CORAL GABLES, FL 3313	34	TAUS OF
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	ROBERTO COLATOSTI		SEG B M
	10792 NW 81 LANE (P.O. Box NOT acceptable)	le)	FLOR T:
	DORAL, FL 33178		IDE 9
The street addre as changed will	ess of its registered office and the stree be identical.	et address of the business office of it	s registered agent,
Such change wa authorized by th	as authorized by resolution duly adopt to board, or the corporation has been r	ed by its board of directors or by an notified in writing of the change.	officer so
(Signatu	ure of an officer or director)	Roberto Colatosti, Presid	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent a to comply with the provisions of all sto d I am familiar with and accept the ob ng filed merely to reflect a change in t gen notified in writing of this chang	and agree to act in this capacity. atutes relative to the proper and con bligation of my position as registere the registered office address, I herei e.	aplete performance d agent. Or, if this by confirm that the
	anature of Registered Agent)	05/31/07	
	half of an entity:	(Date)	
(T	yped or Printed Name)		

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