2005 FOR PROFIT CORPORATION

FILED Mar 16, 2005 8:00 am Secretary of State

DOCUMENT # P04000034725 1. Entity Name DELRAY BEACH GARLIC FEST, INC.					03-16-2005 90029 048 ***150.00				
DELKAY	BEACH GARLIC FEST, IN								
Principal Place	e of Business	Mailing Address	Mailing Address			10033203			
10 SE 1ST / 2ND FLOOP DELRAY BE		10 SE 1ST AVENUE 2ND FLOOR DELRAY BEACH, FL 33444				•			
2. Principal Pl	ace of Business .	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.					•		
City & State		City & State			4. FEI Number 05-05974		33		plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		3.75 Add e Required	
	6. Name and Address of Current			7. Name and	Address of New Re	gistered Age	ent		
A1A DEC	ISTERED AGENT INC.	·	Name	" NA	NC4.	I. Strw	art		ر مرید
92 SADB QUINCY,	Stree	t Address (P.O. Box Numb	er is Not Acceptable)					
4				JUG) Floor	_			
			City	DEI		each	FL	Zip Code	344
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE									
		4 51 0.	· •						
		9. Election Campa Trust Fund Cont		□ \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND D	RECTORS	S IN 11
TITLE	PD STEWART MANCY 1	Delete	TITLE] Change	☐ Addition
NAME STREET ADDRESS	STEWART NANCY J 227 S. SWINTON AVENUE		NAME STREET ADDRES	ss					
CITY-ST-ZIP	DELRAY BEACH, FL 33444		CITY-ST-ZIP						
TITLE	VD	☐ Delete	TITLE				С	Change	☐ Addition
NAME Street Address	RYAN BERN 8001 ARLINGTON PLACE		NAME STREET ADDRES	.					
CITY-ST-ZIP	WEST PALM BEACH, FL 334	05	CITY-ST-ZIP		,				
TITLE	SD	☐ Delete	TITLE		· · · · · ·			Change	☐ Addition
NAME	RYAN BERN 8001 ARLINGTON PLACE	•	NAME	.					
STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, FL 334	05	STREET ADORES CITY-ST-ZIP	SS		-			
TITLE		☐ Delete	TITLE	-				Change	- Addilion
NAME			NAME						
STREET ADDRESS CITY-S1-ZIP			STREET ADDRES	»>			•		
TITLE		☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS			NAME Street addre	ss					
CITY-ST-ZIP			City-St-ZIP						• .
TITLE		☐ Delete	TITLE				Ε	Change	Addition
NAME STREET ADDRESS			NAME Street Addre	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp	s true and accurate and that i	mv signature sha	ill have the	same legal effer	ct as if made under or	ath: that I am	an officer	or director

changed, or on an attachment with an address, with all other like empowered.