

P05000114242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

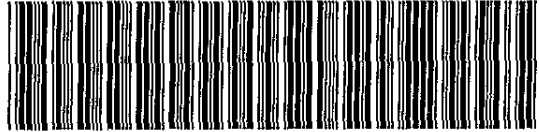
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Art. of Incorporation
\$129

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Deborah Kay Gonzalez Company, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000114242

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M Coleman Jr CPA
(Name of Person)

Robert M Coleman Jr PA
(Name of Firm/Company)

1400 A 15th St N
(Address)

Immokalee, FL 34142
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert M Coleman Jr CPA at (239) 657-3644
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy
- \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

ARTICLES OF CORRECTION

for

Deborah Kay Gonzalez, Inc.

Name of Corporation as currently filed with the Florida Dept. of State

P05000114242

Document Number (if known)

Pursuant to the provisions of Section 607.0124 or 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These Articles of Correction correct the original Articles of Incorporation

(Document Type)

filed with the Department of State on August 16, 2005

(File Date of Document)

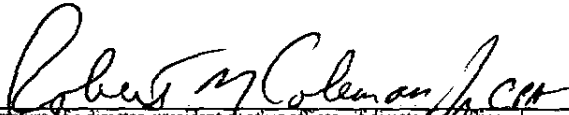
Specify the inaccuracy, incorrect statement, or defect:

The incorrect address was P.O. Box 603, Immokalee, FL 34143

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Correct the inaccuracy, incorrect statement, or defect:

The correct address should be P.O. Box 603, Felda, FL 33930



(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Robert M Coleman Jr CPA

(Typed or printed name of person signing)

Registered Agent

(Title of person signing)

Filing Fee: \$35.00