P05000149581

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

TO: Amendment Section Division of Corporations		
SUBJECT: CDR Clean	nives, Ive	
DOCUMENT NUMBER: POS 0001 49581		
The enclosed Articles of Correction and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
François Blackford (Name of Contact Person)		
Blackford Accounting	Inc	
251-D San Marco		
51- Hug. FL 32084	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, please call:		
Franceska Slackford (Name of Contact Person)	at (904) 806-665 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou	nt:	
X \$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	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF CORRECTION

for

Name of Corporation as currently filed with the Florida Dept. of State
Poscoci49581 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 electronic acticles of incorporation projet (Document Type Being Corrected)
filed with the Department of State on
Specify the inaccuracy, incorrect statement, or defect:
The corporate name is CNR not CDR.
<u> </u>
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AA
Correct the inaccuracy, incorrect statement, or defect:
The corporate name is CNR
THE COMPONENTE DESIGNATION OF THE CONTROL OF THE CO
(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.)
Chrs Moutsomery Director (Typed or printed name of person signing) (Title of person signing)

Filing Fee: \$35.00