2008 FOR PROFIT CORPORATION

FILED Apr 24, 2008 8:00 am Secretary of State

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DOCUMENT	#P06000032	762	

Country Cou	DOCUMENT # P06000032762 1. Entity Name D & V INTERIORS, INC				04-24-2008	3 90093 0	43 ***15	0.00	
Suite, Apt. #, etc.	1351 S.W. 144 AVE	11351 S.W. 144 AVE				4000 kiim (1100 4080 67		1 1781 8 2012 1181	38 † († 1 83 1
City & State	. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Zip Country Zip Country Sip 20-4446851 Nova Applications of Status Desired Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent Status Desired Status Desired Agent Status Desired Status Desired Agent Status Desired Status Desired Status Desired Agent St	Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. #, etc.			04072008	Chg-P	CR2E03	34 (12/06)	
ASOREY_JORGE J 11351 S.W. 144 AVE MIAMI, FL 33186 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a rice obligations of registered agent. SIGNATURE Signature, look to printed have of registered agent and the residuable. FLE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Address of New Registered agent, or both, in the State of Florida. I am familiar with, and a rice obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Address of Flore agent was the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a rice obligations of registered agent. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Address of Flore agent was the remarked when remarked when remarked agent remarks agent was the remarked agent remarked agent. INTEL NOW!!! FEE IS \$150.00 9. Election Campaign Financing Address to Flore Reserved Agent remarked agent. INTEL NOW!!! FEE IS \$150.00 9. Election Campaign Financing Address to Flore Reserved Agent remarked agent remarked agent, or both, in the State of Florida. I am familiar with, and at the obligation of registered agent, or both, in the State of Florida. I am familiar with, and at the obligation of registered agent, or both, in the State of Florida. I am familiar with, and at the obligation of registered agent, or both, in the State of Florida. I am familiar with, and at the obligation of registered agent, or both, in the State of Florida. I am familiar with, and at the obligation of registered agent, or both, in the State of Florida. I am familiar with, and at the obligation of regist	City & State	City & State							plied For Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country	Zip	Count	ry	5. Certificate	of Status Desired			
Sirest Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New F	Registered A	gent	
3. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I arri familiar with, and as the obligations of registered agent. SIGNATURE Signatur, hoed or printed name of registered agent and stell applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ASOREY, JORGE J SIREE ADDRESS OTY-S1-2P ITILE NAME SIREE ADDRESS OTY-S	11351 S.W. 144 AVE			Street Address (P.O. Box Number is Not Acceptable)					
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 at the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tife if applicable. (NOTE: Registered Agent signature recursed when rentatang) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 INTE ASOREY, JORGE J STREET ADDRESS OITY-ST-2P INTE NAME SIREET ADDRESS OITY-ST-2P INTE NA				City			Fi	Zip Code	• · · · · · · · · · · · · · · · · · · ·
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### After May 1, 2008 Fee will be \$550.00 10.	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	TE: Registered	Agent signature require	ed when reinstating)		DATE		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with all other like empowered.	indicated on this report or supplemental repo of the corporation or the receiver or trustee e	ort is true and accurate and that mpowered to execute this repo	my signa rt as requi	tura chall have the	e same lenal effe	ect as if made unde	r nath: that I c	am an Afficei	or director
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