

PO7000086910

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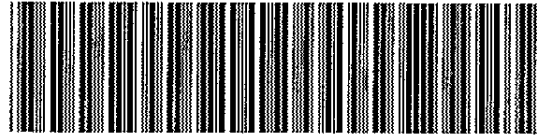
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts AUG 16 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHERN DREAMS CONSTRUCTION CORP
(Name of Corporation)

DOCUMENT NUMBER: P07000086910

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

Please return all correspondence concerning this matter to the following:

LINNETH NEIZA ALARCON

(Name of Contact Person)

SOUTHERN DREAMS CONSTRUCTION CORP

(Firm/Company)

4685 CAVERNS DR

(Address)

KISSIMEE, FL 34758

(City/State and Zip Code)

For further information concerning this matter, please call:

LINNETH NEIZA ALARCON

(Name of Contact Person)

at (407) 933-5942

(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, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF CORRECTION

for

SOUTHERN DREMAS CONSTRUCION CORP

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

P07000086910

Document Number (if known)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 **P07000086910**

(Document Type Being Corrected)

filed with the Department of State on **08/01/2007**

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

ARTICLE VII: NAME OF OFFICERS

NAME: LINNETH NEIZA ALARCON. TITLE : P

NAME: ALEJANDRO ALARCON. TITLE: VP

NAME: ROSELITO SANCHEZ. TITLE: S

Correct the inaccuracy, incorrect statement, or defect:


ARTICLE VII: NAME OF OFFICERS

NAME: LINNETH NEIZA ALARCON. TITLE : P

NAME: ALEJANDRO ALARCON. TITLE: VP

ARTICLE VII: DELETE OFFICER

NAME: ROSELITO SANCHEZ. TITLE: S


(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.)

LINNETH NEIZA ALARCON

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35.00