Daytime Phone #

FOR PROFIT CORPORATION

UNIFC	ORM BUSINES	FILED	ATE .		
DOCUMENT #	Po80000147			SECRETARY OF STA TALLAHASSEE, FLOR	ŔĬDA
1. Entity Name	DOLPHIN CO 2190 ALIBA	OIN LAUNDRY I	NC.	IMEM 1	1 2
	OPA LOCKA			09 JUN 22 AM 3:	42
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 3. Mailing Address					
2. Principal Place of Business 2190 Alibaba Ave.				DO NOT WRITE IN TH	HE SDACE
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41 – 2270682	Applied For Not Applicable
Florida Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
33054	Company Seas (Mayor) Season Season	[ ] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		ne and Address of Current Regi	Fee Required
	Name			atimo Trafat	
DO NOT WRITE			Street Address (P:O. Box Number is Not Acceptable)		
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				MAAMAR EL	1 7 0 1
			City	<u>FL</u>	Zip Code
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)  DATE					
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9.				9. Election Campaign Financing	\$5.00 May Be
Amended UBR is \$61.25  Make Check Payable to Florida Department of State				Trust Fund Contribution.	Added to Fees
10.		ND DIRECTORS	11.		
TITLE NAME	Mes.V.D.		NAME	MODUSES RESE	
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CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 director 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 on an attachment with an address, with all other like empowered.					
SIGNATURE:	THOS AND TYPED OF	Pres	ident	4-18-09	
0101171	HONE MID I'II ED OK	THE PARTY OF SIG	SIGNA OFFICER OR DIF	RECTOR Date D	Daytime Phone #