P94000082439

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



300076375613

06/21/06--01009--001 **35.00

O6 JUL 11 AH 10: 00

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: PDQ PROPERTIES CORP. (Name of Corporation)		
DOCUMENT NUMBER: P96000082439		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
(Name of Contact Person) (Firm/Company)		
1250 E. Hallandale Beach Blvd. Suite 904 (Address)		
Hallandale Beach FL 33009 (City/State and Zip Code)		
For further information concerning this matter, please call:		
CAROL BELASCO at (954) 456-7255 (Name of Contact Person) (Area Code & Daytime Telephone Number)		

Enclosed is a \$35.00 check made payable to the Department of State.

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



June 28, 2006

CAROL BELASCO 1250 E. HALLANDALE BEACH BLVD. SUITE 904 HALLANDALE BEACH, FL 33009

SUBJECT: PDQ PROPERTIES CORP.

Ref. Number: P96000082439

We have received your document for PDQ PROPERTIES CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 806A00042711

Irene Albritton Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation org	
in order to change its registered office or reg	istered agent, or both, in the State of Florida.
1. The name of the corporation: PDQ Prop.	
	Mandala Beach Blud. Suite 904
Hallandale, Florida	2 33009
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10-7-199	6 Document number: <u>P960000</u> 824/39
5. The name and street address of the current registered Florida Department of State:	d agent and registered office on file with the
Corpeo Inc.	
2699 South B	ayshore Blud., 7th Floor ida 33133
Miami, Flor	ida 33133
6. The name and street address of the new registered a (if changed):	
CAROL BE	LASCO
1250 E. Halla	ndala Beach Blud. Suite 904
Hallandale	ndala Beach Blud. Suite 904 Florida 33009
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adopauthorized by the board, or the corporation has been PDD Topoction to the corporation has been provided by the corporation of the corporation has been provided by the corporation by the corporation by the corporation has been provided by the corporation by the corpora	pted by its board of directors or by an officer so inotified in writing of the change.
China of the first of directory	PAUL CLEEMAN (Printed or typed name and title)
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change is corporation has been notified in writing of this chan	t and agree to act in this capacity, statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
Cal Belar	7-5-06
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	06 ر آهادا
(Typed or Printed Name)	
* * * FILING	FEE: \$35.00 * * * SEE = 1
MAKE CHECKS PAYABLE TO MAIL TO: DIVISION OF CORPORATION CR2E045 (8/05)	FLORIDA DEPARTMENT OF STATE S2314 FOR STALLAHASSEE, FL 32314