

P970000/6551

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TALLAHASSEE, FLORIDA

Ps 11/23/04
R+KCO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Aero Design, Inc..
(Name of corporation)

DOCUMENT NUMBER: P97000016551

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:

James B. Denman, Esquire
(Name of person)

The Denman Law Firm
(Name of firm/company)

2400 E Commercial Blvd., Suite 208
(Address)

Fort Lauderdale, Florida 33308
(City/state and zip code)

For further information concerning this matter, please call:

James B. Denman at (954) 938-9777
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Aero Design, Inc.

2. The principal office address: 1525 NW 56th Street
Ft Lauderdale, Florida 33309

3. The mailing address (if different):

4. Date of incorporation/qualification: 2/17/1997 Document number: P9700001655

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Brown, William J. Esq.

777 Brickell Avenue, Suite 1114

Miami, Florida 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

James B. Denman, Esq.

2400 E Commercial Blvd., Suite 208

(P.O. Box or personal mailbox NOT acceptable)

Fort Lauderdale, Florida 33308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

(Signature of an officer, chairman or vice chairman of the board)

Lynda Zur, Personal Representative

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

{Date}

If signing on behalf of an entity:

James B. Denman

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: \$35.00 * * ***

MAKE CHECKS PAYABLE To FLORIDA DEPARTMENT OF STATE AND MAIL TO,
DIVISION OF CORPORATIONS, P.O. *Box* 6327, TALLAHASSEE, FL 32314

Upon entry to a safe deposit box, an inventory of the contents must be made in the presence of a bank employee witnessed, and filed with the court.

THIS ESTATE MUST BE
CLOSED WITHIN 12 MONTHS,
IF NOT CONTESTED.

IN THE CIRCUIT COURT FOR BROWARD COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

04 - - 6157

RAFAEL ZUR

File No. _____

Deceased.

Division PROBATE 625

A TRUE COPY
HOWARD C. FORMAN

LETTERS OF ADMINISTRATION
(single personal representative)

TO ALL WHOM IT MAY CONCERN

WHEREAS, RAFAEL ZUR

a resident of BROWARD COUNTY, FLORIDA

died on October 27, 2004, owning assets in the State of Florida, and

WHEREAS, LYNDA ANN ZUR

has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge., declare LYNDA ANN ZUR

duly qualified under the laws of the State of Florida to act as personal representative of the estate of RAFAEL ZUR, deceased, with full power to administer the estate according to law; to ask, demand, sue for, recover and receive the property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs; and to make distribution of the estate according to law.

ORDERED On NOV 09 2004, 2004

LARRY SEIDLIN

Circuit Judge **ACTING IN THE ABSENCE OF JUDGE**

MARK A. SPEISER



F98000001347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Ps 11/23/04
with

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kalama Beach Corporation (CA)
(Name of corporation)

DOCUMENT NUMBER: F98000001347

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karl Sakuda

(Name of Person)

Food Pantry, Ltd.

(Firm/Company)

3536 Harding Avenue, Suite 500

(Address)

Honolulu, HI 96816

(City/State and Zip code)

For further information concerning this matter, please call:

Karl Sakuda

(Name of Person)

at (808)

732-5515

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Kalama Beach Corporation (CA)
(Name of Corporation)

F98000001347
(Document Number of Corporation (if known))

Hawaii
(Incorporated Under Laws of)

NOV 15 PM 1:31
DEPT. OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.


This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

3536 Harding Avenue, Suite 500
(Mailing Address)

Honolulu, HI 96816
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

10/28/04
(Date)

Andrew Kawano
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35