## 163427

(Requestor's Name)			
•			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to 1 ming Officer.			
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

T. Roberts JAN 1 6 2007,

## **COVER LETTER**

	ndment Section sion of Corporations			
SUBJECT:	Pete's Cafe and Catering, L	nc.		
	(Name of C	orporation)		
DOCUMEN	T NUMBER: <u>V63428</u>			
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return	all correspondence concerning this matter	to the following:		
Michael J. Liberatore				
(Name of Contact Person)				
	Freeman, Haber, Rojas & S			
	(Firm/Co	ompany)		
	520 Brickell Key Drive, Su			
	(Add	ress)		
	Miami, Florida 33131			
(City/State and Zip Code)				
For further in	nformation concerning this matter, please of	call:		
W.	T. 14.	204 200		
michaei	J. Liberatore (Name of Contact Person)	at (305) 926-5230 (Area Code & Daytime Telephone Number)		
	(	,		
Enclosed is a	\$35.00 check made payable to the Depart	tment of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
	1 ununu0000, 1 15 525 1 ¬	Tallahassee, FL 32301		

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

statement of char	ige is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Flor	ida	
in order		egistered agent, or both, in the State of Florida.	•	
1. The name of the	to corporation.	and Catering, Inc.		
2. The principal of <b>Boca</b>	office address: 7880 Glades Raton, Florida 33434	Road		
	ldress (if different): 520 Brick Florida 33131	xell Key Drive, Suite 0-305		
4. Date of incorp	oration/qualification: Sept. 14	1, 1992 Document number: <b>V63428</b>		
5. The name and Florida Depart	<del>-</del>	ered agent and registered office on file with the		
	Mr. Peter P. Boinis		97 AL	
7940 Glades Road			SAET AND THE SAET	
	Boca Raton, Florida 33	3434	ARY VSSEI	רוערט
6. The name and (if changed):	street address of the new registered	d agent (if changed) and /or registered office	AM 8: 3 OF STAT E. FLORI	C
	Michael J. Liberator	e, tsq.	DA BE	
	520 Brickell Key Dri			
(P.O. Box NOT acceptable)				
	Miami, Florida 33131			
The street addre as changed will	ss of its registered office and the s be identical.	street address of the business office of its regis	stered agent,	
Such change wa authorized by th	s authorized by resolution duly ad e board, or the corporation has be	lopted by its board of directors or by an office en notified in writing of the change.	er so	
Take	1 Pob lear To	Dalva R. Liberatore, Pres	ident	
•	re of an officer or director)	(Printed or typed name and title)		
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered age o comply with the provisions of al d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete se obligation of my position as registered agei s in the registered office address, I hereby con ange.	performance ut. Or, if this firm that the	
Milad	1 70 A.	January 8, 2007		
(Sig	Mature of Registered Agent)	(Date)		
If signing on bel	nalf of an entity:			
(T)	yped or Printed Name)			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)

3