P97000090815

(Requestor's Name)			
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: TABASKETS, INC.				
(Name of	corporation)			
DOCUMENT NUMBER: P97000090815				
The enclosed Statement of Change of Registered Office/A	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to				
TABATHA WILLIAMS				
(Name of person)				
TABASKETS, INC.				
	m/company)			
•	• •			
P O BOX 822605				
(Add	ress)			
SOUTH FLORIDA, FL 33082				
(City/state a	nd zip code)			
For further information concerning this matter, please call	:			
TABATHA WILLIAMS	at (305) 725-7683			
(Name of person)	(Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Departme	ent 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			

CR2E045(09/03)

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

Pursuant to the	provisions of sections 607.050	02, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this statement of
change is subm	itted for a corporation organiz	zed under the laws of the State of FLORIDA	in order
to change its re	gistered office or registered ag	gent, or both, in the State of Florida.	
1. The name of	the corporation: TABASKET:	S, INC.	·····
2. The principal	office address: 8362 PINES	BOULEVARD #218, PEMBROKE PINES, FL 33024	
3. The mailing a	address (if different): POBO	X 822605, SOUTH FLORIDA, FL 33082	
4. Date of incor	poration/qualification: 1997-	PRESENT Document number: P97000090815	
	d street address of the current in the current in the current of State:	registered agent and registered office on file with the	
	TABATHA WILLIAMS		-
	16797 NW 13 CT		THE P
	PEMBROKE PINES, FL 33	028	EN SE
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or registered office	OL JUN 25 AM 8 SECRETARY OF STALLAHASSEE FI
	TABATHA WILLIAMS		8: 00 8: 00
	16000 PINES BOULEVARD		
	•	ox or personal mailbox NOT acceptable)	
	HOLLYWOOD, FL 33082		.
The street addrechanged will be	ess of its registered office and e identical.	d the street address of the business office of its registe	red agent, as
Such change w the board, or th	as authorized by resolution de corporation has been notifie	uly adopted by its board of directors or by an officer sed in writing of the change.	so authorized by
	Signature of an other or director)	TABATHA WILLIAMS, PRESID	
I hereby accept I further agree duties, and I am being filed mer	t the appointment as registere to comply with the provisions n familiar with and accept th	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete pe e obligation of my position as registered agent. Or, ij registered office address, I hereby confirm that the co	rformance of my this document is
	(Signature of Ragistered Agent)	JUNE 23, 2004 (Date)	
If signing on be	chalf of an entity:		
N/A		N/A	
	(Typed or Printed Name)	(Capacity)	

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