

P07000042883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

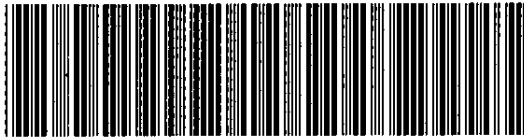
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RA
Change

11/05/10--01014--015 **35.00

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2010 NOV 18 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

* 00678, 00706, 00671

DR
11/18/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2010

Osmay Transport Services, Inc.
39 West 23rd Street
Hialeah, FL 33010

SUBJECT: OSMAY TRANSPORT SERVICES, INC.
Ref. Number: P07000042883

We have received your document for OSMAY TRANSPORT SERVICES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$52.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 310A00026202

RECEIVED
10 NOV 18 AM 10:25
TALLAHASSEE FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
Name of Corporation

DOCUMENT NUMBER: P07000042883.

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:

OSMANY FRONTELA ZAMBRANA
Name of Contact Person

OSMAY TRANSPORT SERVICES, INC
Firm/Company

39 WEST 23RD STREET
Address

HIALEAH, FLORIDA 33010
City/State and Zip Code

osmay67@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MAIBEL MEDINA GARCIA at (786) 357-0451
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

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: OSMAY TRANSPORT SERVICES, INC

2. The principal office address: 39 WEST 23RD STREET .HIALEAH, FL .33010.

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/22/2007 Document number: P07000042883.

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ALFONSO CARDOSO.

6447 MIAMI LAKES DR. EAST, SUITE #203 J.

MIAMI LAKES, FLORIDA. 33014.

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

MAIBEL MEDINA GARCIA.

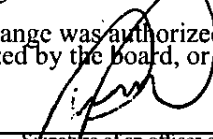
39 WEST 23RD STREET.

P.O. Box NOT acceptable

HIALEAH, FLORIDA. 33010.

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

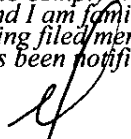
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Osmany Frontela Zambrana. President.
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

11/15/2010.
Date

If signing on behalf of an entity:

Typed or Printed Name

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