

P070000058968

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JAN -5 PM 2:34

Amend / cas  
@ 1/7/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Express Trucking of Central Florida, Inc.

**DOCUMENT NUMBER:** P07000058968

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Palaw  
Name of Contact Person

Express Trucking of Central Florida, Inc.  
Firm/ Company

849 Michigan Ave #2  
Address

MIAMI BEACH, FL 33139  
City/ State and Zip Code

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

For further information concerning this matter, please call:

Maria Palaw at ( 321 ) 303-3635  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**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



**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>PST</u>	<u>Eduardo Palau</u>	<u>5710 Craindale Dr.</u> <u>Orlando, FL</u> <u>32819</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PST</u>	<u>Maria Palau</u>	<u>849 Michigan Ave #2</u> <u>MIAMI BEACH, FL</u> <u>33139</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	_____

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: January 1, 2011  
*(date of adoption is required)*  
Effective date if applicable: January 1, 2011  
*(no more than 90 days after amendment file date)*

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

“The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_”  
*(voting group)*

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 1/1/2011

Signature Maria Palaw  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Maria Palaw  
(Typed or printed name of person signing)

President  
(Title of person signing)