

P11000034048

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
 Fax Number : (850) 617-6380

From: Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

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11 MAY -4 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

COR AMND/RESTATE/CORRECT OR O/D RESIGN
MID AMERICA TRADES CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

Amend

Handwritten signature



May 3, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MID AMERICA TRADES CORPORATION
6915 RED ROAD
SUITE 215-A
CORAL GABLES, FL 33143

SUBJECT: MID AMERICA TRADES CORPORATION
REF: P11000034048

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

A Line is drawn down the center of each page of your document. Please show titles of each officer/director such as P, V, S, T or D. MGR is not an acceptable title.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H11000122287
Letter Number: 211A00010691

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11 MAY -4 AM 10: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

H11000122287

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MID AMERICA TRADES CORPORATION

DOCUMENT NUMBER: P11000034048

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

Please return all correspondence concerning this matter to the following:

TONI H ALAM

Name of Contact Person

MID AMERICA TRADES CORPORATION

Firm/ Company

6915 SW 57TH AVE., SUITE 215-A

Address

CORAL GABLES, FL 33143

City/ State and Zip Code

CMMOLIERI@CS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONI H ALAM

Name of Contact Person

at (305)

Area Code & Daytime Telephone Number

663-6200

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

H11000122287

Articles of Amendment
to
Articles of Incorporation
of

FILED

11 MAY -4 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MID AMERICA TRADES CORPORATION

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000034048

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

New Registered Office Address:

(Florida street address)

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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>D</u>	<u>TONI H. ALAM CPA</u>	<u>6915 RED ROAD</u> <u>SUITE 215-A</u> <u>CORAL GABLES, FL 33143</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>P</u>	<u>GHASSAN HADDAD</u>	<u>2301 COLLINS AVE</u> <u>APT. 808</u> <u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>HENRI E EL-BADAQUI</u>	<u>2301 COLLINS AVE</u> <u>APT. 808</u> <u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

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)

N/A

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The date of each amendment(s) adoption: April 29, 2011

Effective date if applicable: April 29, 2011 (date of adoption is required)
(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):

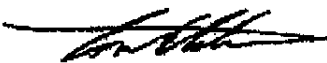
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 April 29, 2011

Signature: 

(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)

TONI H ALAM

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

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