

N05000001540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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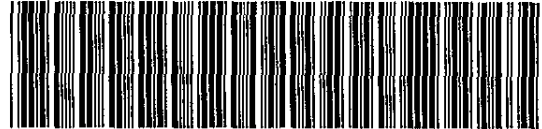
(Business Entity Name)

(Document Number)

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T. Smith

AUG 02 2005

*[Handwritten signature]*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NICARAGUAN CIVIC TASK FORCE, INC  
(Name of corporation)

**DOCUMENT NUMBER:** N05000001540

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:

NORA CALDERA LOPEZ  
(Name of contact person)

(Firm/Company)

15601 SW 109 TERRACE  
(Address)

MIAMI, FLORIDA 33196  
(City/state and zip code)

For further information concerning this matter, please call:

NORA CALDERA LOPEZ at ( 305 ) 776-3430  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 21, 2005

NORA CALDERA LOPEZ  
15601 SW 109 TERR  
MIAMI, FL 33196

SUBJECT: NICARAGUAN CIVIC TASK FORCE, INC.  
Ref. Number: N05000001540

We have received your document for NICARAGUAN CIVIC TASK FORCE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We only need one person to serve as registered agent so please remove Juan or Carlos. Also we need the new registered agent to sign the acceptance not the president.

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) 245-6927.

Tracy Smith  
Document Specialist

Letter Number: 505A00047932

RECEIVED  
05 AUG - 1 AM 8:00  
DIVISION OF CORPORATE AFFAIRS

**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: NICARAGUAN CIVIC TASK FORCE, INC
2. The principal office address: 10500 W. FLAGLER street, Miami, FL 33174
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: FEBRUARY 15, 2005 Document number: N05000001540
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARIA HELENA PORRAS

3444 NE 19th TERRACE

MIAMI, FLORIDA 33125

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

CARLOS CARDENAS

10500 W. FLAGLER STREET

(P.O. Box NOT acceptable)

MIAMI, FL 33174

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TALLAHASSEE FLORIDA

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)

NORA CALDERA LOPEZ - PD  
(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

JULY 11, 2005  
(Date)

If signing on behalf of an entity

(Typed or Printed Name)

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

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

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