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(City/Sta	te/Zip/Phone #)				
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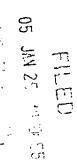
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01/25/05--01023--014 **35.00

T. Lewis



COVER LETTER

TO: Amendment Section Division of Corporations							
SUBJECT: CONTINENTAL TRANSCARGO, INC. (Name of corporation)							
DOCUMENT NUMBER: L 62807							
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:							
ORUANDO E. FUENTES (Name of contact person)							
(Name of contact person)							
CONTINENTAL TRANSCARGO, 1-10							
(1 min company)							
5535 NW 72nd AVE (Address)							
(Address)							
MIAMI, FL 38166 (City/state and zip code)							
(City/state and zip code)							
For further information concerning this matter, please call:							
ORLANDO E- FUENTES at 305 8058025 (Name of contact person) (Area code & daytime telephone number)							
(Name of contact person) (Area code & daytime telephone number)							
Enclosed is a \$35.00 check made payable to the Department of State.							
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399							



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 4, 2005

CONTINENTAL TRANS CARGO, INC. 5535 N.W. 72ND AVENUE MIAMI, FL 33166

SUBJECT: CONTINENTAL TRANS CARGO, INC.

Ref. Number: L62807

We have received your document for CONTINENTAL TRANS CARGO, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 005A00000271

05 JAN 24 PH 12: 42

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

statement of cha	provisions of secunge is submitted or change its re	for a corporat	ion organized	under the lav	vs of the State	of FLOD	- •
1. The name of t	_		_	•		001101100 J	1110
2. The principal					UN AU		<u> </u>
· ·		MI.S.					
3. The mailing a	ddress (if differe	ıt):					
4. Date of incorp	poration/qualifica	tion: <u>03/-</u>	20/90	Document r	number:	6280'	7
	street address of	the current reg	gistered agent	and registere	d office on file	with the	
	H	onacio	IR	0//120	ı		
	ح ک	535,	N.W	. 72 ~	SU.	e. ==	05
	и	lism	i, F2		166		FIL JAN 2
6. The name and (if changed):	street address of	the new regist	ered agent (if		•	office	ED
	ORLA	MDO	E.	FUEN	1750		្ស
	5535		72nd	AVE			
-	MAIN	(P.O. Box NOT	acceptable)	3316	6		
The street addres as changed will b	ss of its registere be identical.	d office and th	e street addre	ess of the bus	iness office o	f its registered	agent,
Such change was authorized by the	s authorized by ree board, or the co	solution duly	adopted by i				
Y 9	e of an officer or direct	,		Hona (Printe	d or typed name a	nd title)	<u> </u>
I hereby accept to I further agree to performance of p agent. Or, ifthis hereby confirm in	he appointment of o comply with the ny duttes, and I'v document is be lot the corportu	as registered a provisions of m familiar wi ng filed merel on has been n	igent and agr all statutes r th and accept y to reflect a otified in wri	ee to act in the elative to the the obligation change in the ting of this ch	iis capacity. proper and con of my posit pregistered of ange.	omplete ion as register fice address, i	ed !
C)	A STANK	·	,		29 20		
હાલા If signing on beh	alf of an entry	ent)			(Date)		
	• •						
(Ту	ped or Frinted Name)						

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