

262807

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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:

ORLANDO E. FUENTES
(Name of contact person)

CONTINENTAL TRANSCARGO, INC.
(Firm/Company)

5535 NW 72nd AVE
(Address)

MIAMI, FL 33166
(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)

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

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

RECEIVED
05 JAN 24 PM 12:42
DIVISION OF CORPORATIONS

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: CONTINENTAL TRANSCARGO, INC
2. The principal office address: 5535 N. W. 72nd AVE.
MIAMI, FL 33166
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/30/90 Document number: L 62807
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

HORACIO TRUJILLO
5535 N. W. 72nd AVE.
MIAMI, FL 33166

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

ORLANDO E. FUENTES
5535 NW 72nd AVE
(P.O. Box NOT acceptable)
MIAMI, FL 33166

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]
(Signature of an officer or director)

HORACIO TRUJILLO
(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]
(Signature of Registered Agent)

DEC 29 / 2004
(Date)

If signing on behalf of an entity:

- N/A -
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32311