

# PO3 000002843

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**BASIC AMENDMENT**  
**COMMUNITY TRUCKING, INC.**

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*Amendment  
2/7/04  
DC*



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

February 4, 2004

COMMUNITY TRUCKING, INC.  
661 NW BAYSHORE BLVD  
PORT ST LUCIE, FL 34983

SUBJECT: COMMUNITY TRUCKING, INC.  
REF: P03000002843

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

PLEASE HAVE THE NEW REGISTERED AGENT, CLARA N. FIGUEROA, TO SIGN THE REGISTERED AGENT ACCEPTANCE PAGE OF THE DOCUMENT.

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) 245-6906.

Darlene Connell  
Document Specialist

FAX Aud. #: H04000024732  
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Articles of Amendment  
to  
Articles of Incorporation  
of  
**COMMUNITY TRUCKING, INC.**

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

**P03000002843**

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE #5, NAME & ADDRESS OF OFFICER, CARLOS PASEIRO - PRESIDENT, 661 NW BAYSHORE BLVD., PORT ST LUCIE, FL 34983. DELETED

ARTICLE #5, NAME & ADDRESS OF OFFICER, CLARA N. FIGUEROA - PRESIDENT & SECRETARY, 11500 NW SO. RIVER DR. SUITE # 3, MEDLEY, FL 33178. ADDED

ARTICLE #4, NAME AND ADDRESS OF REGISTER AGENT, CARLOS PASEIRO 661 NW BAYSHORE BLVD., PORT ST LUCIE, FL 34983. DELETED

ARTICLE #4, NAME AND ADDRESS OF REGISTER AGENT, CLARA N. FIGUEROA 11500 NW SO. RIVER DR. SUITE # 3, MEDLEY, FL 33178. ADDED

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(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

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The date of each amendment(s) adoption: 1/21/2004

Effective date if applicable: 1/21/2004  
(no more than 90 days after amendment file date)

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

- The amendment(s) was/were approved 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.

Signed this 21 day of JANUARY, 2004

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)

CARLOS PASEIRO

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35

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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
REGISTERED AGENT SIGNATURE

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