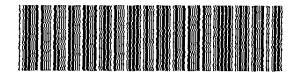
P0300057743

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Chury Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600025784866

01/07/04--01001--003 **35.00

SECRETARY OF SIATE DIVISION OF CORPORATION OF CORPO

R.A. Charge 1-13-04

TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Closeouts Auction Trust, Corporation
	(Name of corporation)
DOC	UMENT NUMBER: P03000057743
The en	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Ms. Sonia Cotto de Jesus
	(Name of person)
	(Name of firm/company)
4	62 Golden Isles Drive #207
_	(Address)
	Hallandale, FL 33009
	(City/state and zip code)
For fu	rther information concerning this matter, please call:
Sonia	a Cotto de Jesus at (954) 457-5198 (Name of person) (Area code & daytime telephone number)
	(Name of person) (Area code & daytime telephone number)
Enclos	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Amendment Section Amendment Section Division of Corporations Division of Corporations
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E045(09/03)

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

_	7.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi	s statement of
• •	ganized under the laws of the State of Florida	in order
to change its registered office or registere	ed agent, or both, in the State of Florida.	
1. The name of the corporation: Closeou	uts Auction Trust, Corporation	<u>.</u>
2. The principal office address: 462 Gold	den Isles Drive #302, Hallandale, FL 33009	
		
3. The mailing address (if different): N/A		
4. Date of incorporation/qualification: Ma	ay,27 2003 Document number: P03000057743	
5. The name and street address of the curr Florida Department of State:	rent registered agent and registered office on file with the	
A1A Registered Agent	inc.	2004
25 SE 2nd Ave. Suite 1	036, Miami FL 33131	JAN OF
		-7
6. The name and street address of the new (if changed):	v registered agent (if changed) and /or registered office	2004 JAN - 7 AM 10: 01
Ms. Sonia Cotto de Jes	us	
462 Golden Isles Drive	#207, Hallandale FL 33009	
\overline{a}	P.O. Box or personal mailbox NOT acceptable)	
The street address of its registered office changed will be identical.	e and the street address of the business office of its registered	l agent, as
Such change was authorized by resolution the board, or the corporation has been not	on duly adopted by its board of directors or by an officer so cotiled in writing of the change.	authorized by
(Signature of an officer of director)	(Printed or typed name and title)	
, ,	stered agent and agree to act in this capacity, sions of all statutes relative to the proper and complete perfort the obligation of my position as registered agent. Or, if the the registered office address, I hereby confirm that the corp	rmance of my is document is oration has
Soma? BHOGEJE	12-30-2003	
(Signature of Registered Agent)	(Date)	
If signing on behalf of an entity:		
Sonia Cotto de Jesus (Typed or Printed Name)		
(1)pos or rimico name)	(Capacity)	

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