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NELVARIANSEE, FLORIDA

T. Roberts DEC 1 3 2005

## **COVER LETTER**

Amendment Section

Division of Corporations				
NAADEV TOMINIO INIO				
SUBJECT: MAREY TOWING INC (Name of Corporation)				
(Name of Corporation)				
DOCUMENT NUMBER: P04000125881				
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:				
LILLIAN SARDINAS				
(Name of Contact Person)				
SARDINAS & ASSOCIATES ACCOUNTANTS, P.A. (Firm/Company)				
(Firm/Company)				
7171 CORAL WAY, SUITE 517 (Address)				
MIAMI, FL 33155				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
LILLIAN SARDINAS at (305) 262-7300 (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: Amendment Section  Street Address: Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of change	e is submitted for a corporation organiz	607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of FLORIDA ed agent, or both, in the State of Florida.	
1. The name of the	corporation: MAREY TOWING INC		
	fice address: 7700 NW 36 AVENUE		
3. The mailing add	ress (if different): SAME AS ABOVE	=	
4. Date of incorpor	ation/qualification: 09-01-2004	Document number: P04000125881	
5. The name and st Florida Departm	reet address of the current registered ago ent of State:	ent and registered office on file with the	NEDEC 11
<u>J</u>	OSE M CARRASCO	HASSE LANGE	=
7	700 NW 36 AVENUE #B	SE CO	芒
N	11AMI, FL 33147	FLOF	9:00
6. The name and st (if changed):	reet address of the new registered agent	(if changed) and /or registered office	7 0
<u>N</u>	MARJOURY E ALVAREZ		
7	700 NW 36 AVENUE # B		
N.	(P.O. Box NOT acceptable)  //AMI, FL 33147		
_	of its registered office and the street a	ddress of the business office of its registered agent	ι,
Such change was authorized by the	authorized by resolution duly adopted board, or the corporation has been not	by its board of directors or by an officer so field in writing of the change.	
(Signature of	of an officer or director)	JOSE M CARRASCO, PRESIDENT	٢
I hereby accept the I further agree to of my duties, and I document is being corporation has be	e appointment as registered agent and comply with the provisions of all statu I am familiar with and accept the oblig filed merely to reflect a change in the een notified in writing of this change.	agree to act in this capacity. tes relative to the proper and complete performan cation of my position as registered agent. Or, if th registered office address, I hereby confirm that th	ce is e
Munious	J Aluxus ture of Registered Agent	DECEMBER 8, 2006 (Date)	
If signing on beha	lf of an entity:		
	ALVAREZ, PRESIDENT ed or Printed Name)		

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

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