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Special Instructions to	Filing Officer.						

Office Use Only



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SECRETARY OF STATE
ALLAHASSEF FIORIDA



COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Rightrack, Corp (Name of Corporation)
DOCUMENT NUMBER: <u>P05000132528</u>
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:
Jorge L. Garcia (Name of Contact Person)
RIGHTRACK, CORP.
4692 NW 183rd. Street
Miami FL 33055 (City/State and Zip Code)
For further information concerning this matter, please call:
Jevry Rowan at (786) 888-1244 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Table of Collect Ferson) (Alea Code & Dayline Telephone Millioel)

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

	provisions of sections nge is submitted for a		•		m 2 1
_	nge is submitted for a r to change its register				
1. The name of t		0:1:	ack Con	r <i>p</i>	
2. The principal	-01	4692 N	1W 183rd	Street	
3. The mailing a	ddress (if different):_	SAMÉ	03022		
4. Date of incorp	oration/qualification:	9/27/	25 Document nu	mber: <u>P0500</u>	20132528
	street address of the comment of State:	current registered a	gent and registered	office on file with the	;
	48	15 NW	183rd	<u>st</u> _	
	Mia	mi FL	3305	ALLA ALLA	SEPECE SEPEC SEPECE SEPEC SEPECE SEPEC SEPECE SEPEC SEPECE SEPEC SEPECE SEPECE SEPECE SEPECE SEPEC SEPECE SEPECE SEPECE SEPECE SEPECE SEPECE SEPECE SEPECE SEPECE
6. The name and (if changed):	street address of the r	new registered agen	int (if changed) and $\sqrt{2183}$	or registered office	LED 31 PH 1: C
	M10	MI Gavy	dens, FL	33055	DA 9
The street addre as changed will	ss of its registered of be identical.	fice and the street	address of the busi	ness office of its reg	istered agent,
Such change wa authorized by th	s authorized by resol e board, or the corpo	ution duly adopte ration has been no	d by its board of dip stified in writing of	rectors or by an offic the change.	er so
Jorg (Signato	Have of director)		Jorge L	GARCIA or typed name and title)	PRES.
Thereby accept a light further agree to find auties, and document is being corporation has	the appointment as re o comply with the pro d I am familiar with o ng filed merely to ref been notified in writ	egistered agent an ovisions of all stat and accept the obl ect a change in th ing of this change	nd agree to act in the utes relative to the ligation of my positive registered office	is capacity, proper and complete ion as registered age address, I hereby co	e performance ent. Or, if this nfirm that the
Dans.	Barrie		フーショ	-06	v ∸
U T (Sign	hature of Registered Agent)			(Date)	,
If signing on bel	half of an entity:			-4 3	
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(T)	yped or Printed Name)	* * * * * * * * * * * * * * * * * * *	TT. PTEAR + +		·
		* * * FILING FI	15: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)