

P00000023543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

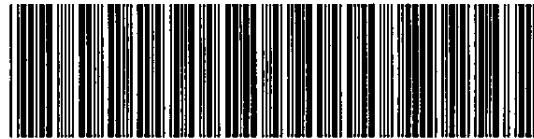
(Business Entity Name)

(Document Number)

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RA change
[Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Miami Thunder Trucks, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 906 6000 2354.3

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:

Carlos Leon
(Name of Contact Person)

Miami Thunder Trucks, Inc.
(Firm/Company)

2701 SW 80TH AVE,
(Address)

MIAMI, FL. 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

CARLOS LEON at (305) 989-4588
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2006

CARLOS LEON
MIAMI THUNDER TRUCKS, INC.
2701 S.W. 80TH AVENUE
MIAMI, FL 33155

SUBJECT: MIAMI THUNDER TRUCKS, INC
Ref. Number: P06000023543

We have received your document for MIAMI THUNDER TRUCKS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 306A00068880

RECEIVED
60 DEC 26 AM 8:00
DIVISION OF CORPORATIONS

NOTICE: This document is being returned to you because it does not contain the required information for filing.

NOTICE: This document is being returned to you because it does not contain the required information for filing.

**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: MIAMITHUNDER TRUCKS, INC
2. The principal office address: 2701 SW 80TH AVE, MIAMI FL. 33155
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/16/2006 Document number: P06000023543
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CARLOS LEON
2701 SW 80TH AVE
MIAMI, FL. 33155

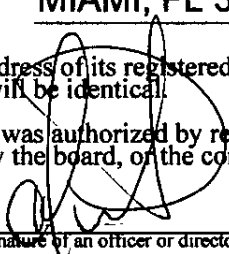
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TALLAHASSEE, FLORIDA

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

MAXIMO CARLOS SANTANA
15231 SW 80TH
(P.O. Box NOT acceptable)
MIAMI, FL 33193

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 of an officer or director)

CARLOS LEON

(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 of Registered Agent)

OCT 7, 2006

(Date)

If signing on behalf of an entity:

(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 32314
CR2E045 (8/05)