

# Florida Department of State Division of Corporations Public Access System

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**To:**

Division of Corporations  
Fax Number : (850)205-0380

**From:**

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC  
Account Number : I20060000012  
Phone : (305)826-5886  
Fax Number : (305)722-0535

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DIVISION OF CORPORATIONS

## REGISTERED AGENT CHANGE

**A.J. CARIBBEAN AUTO, INC**

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

8/7/07

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*RA Change*

*DC*

# 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: A.J. CARIBBEAN AUTO, INC
2. The principal office address: 13995 NW 19 AVE  
OPA LOCKA, FL 33054
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/09/2007 Document number: \_\_\_\_\_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JORGE ALIAN

7317 NW 173 DR. STE 104 MIAMI, FL 33015

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

JORGE IVONNE D

7317 NW 173 DR. STE 104 MIAMI, FL 33015

(P.O. Box NOT acceptable)

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]  
(Signature of an officer or director)

IVONNE D JORGE / PDI  
(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]  
(Signature of Registered Agent)

08/06/2007

(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  
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