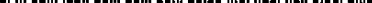
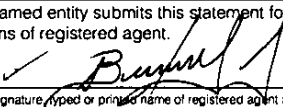
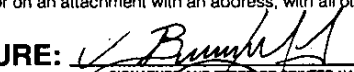


FILED
Apr 17, 2008 8:00 am
Secretary of State



DOCUMENT # P07000031145						Secretary of State	
1. Entity Name AMJ TRUCKING, INC.						04-17-2008 90022 007 ***150.00	
Principal Place of Business 11520 WINGHAM CT. ORLANDO, FL 32837				Mailing Address 11520 WINGHAM CT. ORLANDO, FL 32837			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SANCHEZ, BALMES 11520 WINGHAM CT. ORLANDO, FL 32837				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 				DATE 4-14-2008			
Signature typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE		P ☐ Delete		TITLE		☐ Change ☐ Addition	
NAME		SANCHEZ, BALMES		NAME			
STREET ADDRESS		11520 WINGHAM CT.		STREET ADDRESS			
CITY - ST - ZIP		ORLANDO, FL 32837		CITY - ST - ZIP			
TITLE		VP ☐ Delete		TITLE		☐ Change ☐ Addition	
NAME		SANCHEZ, ADRIANA		NAME			
STREET ADDRESS		11520 WINGHAM CT.		STREET ADDRESS			
CITY - ST - ZIP		ORLANDO, FL 32837		CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				Date 4-14-2008 321-945-4986			
Signature typed or printed name of signing officer or director				Daytime Phone #			