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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PAY Syl

COVER LETTER

Division of Corporations
SUBJECT: INTHA CALIBBIAN JMBOLT FXPORT THE (Name of Corporation) DOCUMENT NUMBER: PO800021741
DOCUMENT NUMBER: PO800021741
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
TRUPY VVEST CHAN (Name of Person)
(Name of Person)
(Name of Firm/Company)
8/5 NE 213 TENENE #4
(133135)
Mismi H 33179 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (305) 454-0543 (Area Code & Daytime Telephone Number)

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

June 10, 2008

To whom it may concern:

This letter is to inform you that effective immediately I, Trudy Westcarr hereby tender my resignation as Registered Agent of Intra Caribbean Import / Export Inc . Please change the current address from 815 North East 213 Terrace Unit #4 Miami, Fl 33179 to

18242 S.W. 27th Street Miramar, FL 33029.

Truck Westcarr

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or	617.1509,
Florida Statutes, the undersigned, TRUDY WESTE	114
(Name of Registered Agent)	_
(Name of Corporation)	Dok 1 Kapost True
700800021741	
(Document Number, if known)	• .
A copy of this resignation was mailed to the above listed corporation at its last	
The agency is terminated and the office discontinued on the 31st day after the of this statement is filed.	date on which
loudy intestant	
(Signature of Resigning Agent)	
If signing on behalf of an entity:	2008 JUN 30 TALLAHASS
(Typed or Printed Name)	LED HASSEE, FIS
(Capacity)	ORIGINAL STATE OF THE PROPERTY

Fee for filing this document: \$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314