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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

EXOR:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone

: (305)672-0686

Fax Number

: (305)672-9110

REGISTERED AGENT CHANGE

GREATER IMMOKOLEE PACKING, INC.

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Electronic Filing Menu

Corporate Filing Menu

Help

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

Pursuant to the provisions of section 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 is: Greater immoscoice Packing, Inc.
2. The principal office address: 18400 SW 256TH ST
HOMESTEAD FL 33031
3. The mailing address (if different): POST OFFICE BOX 900160 HOMESTEAD FL 33090
4. Date of incorporation/qualification: 9/17/1996 Document Number: P96000077203
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
CORPORATION COMPANY OF MIAMI
1600 MIAMI CENTER 201 S. BISCAYNE BLVD.
MIAMI FL 33131
6. The name and street address of the new registered agent (if changed) and for registered office
(if changed): \bigcirc Corporate Creations Network Inc.
11380 Prosperity Farms Road #221E
(P.O. Box Not acceptable)
Palm Beach Gardens FL 33410
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.
N.P. SR BROOKS by T. Baez as automey-in-fact
(Signature of an officer or director) (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 dictment 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) (Date)
If signing on behalf of an entity:
Taide Baez
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International Inc. 941 Fourth Street Miami Beach FL 33139 (305) 672-0686