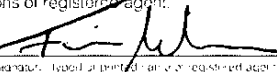
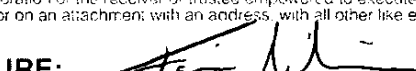


FILED

06 OCT -6 AM 10:08

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017999				FILED 06 OCT -6 AM 10:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name ONYX FREIGHT FORWARDING CORP.					
Principal Place of Business 2121 NW 79 AVE DORAL, FL 33122 US		Mailing Address 2121 NW 79 AVE DORAL, FL 33122 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc		Suite, Apt. #, etc			
City & State		City & State			
Zip		Country		4. FEE Number 65-0732212	
				Applied For Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOBLICCI, FABIO 1715 NW 79 AVE DORAL, FL 33126				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2121 NW 79 AVE City DORAL FL Zip Code 33122	
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  FABIO MOBICCI - PRESIDENT 10/1/06 Signature: Typed or printed name of registered agent is acceptable if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME MOBLICCI, FABIO STREET ADDRESS 1715 NW 79 AVE CITY ST ZIP MIAMI, FL 33126 ☐ Delete			TITLE NAME STREET ADDRESS 2121 NW 79 AVE CITY ST ZIP DORAL, FL 33122 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE VP NAME GUINTANA, PATRICIA STREET ADDRESS 2121 NW 79 AVE CITY ST ZIP DORAL, FL 33122 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition		
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, changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  FABIO MOBICCI 10/1/06 305.470.0075 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Q Michelson OCT 6 2006