2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 OCT -6 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000017999

1. Entity Name
ONYX FREIGHT FORWARDING CORP.

Principal Place of Business	Mailing Address
2121 NW 79 AVE DORAL, FL 33122 US	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	Zip	Country

REINSTATEMENT

100-2006 ... (11/05) 06

4. FEI 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 [signature] FABIO MOBLICCI - PRESIDENT 10/2/06

Signature, typed or printed name of registered agent and title 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 10		
TITLE	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MOBLICCI, FABIO		NAME		
STREET ADDRESS	1715 NW 79 AVE		STREET ADDRESS	2121 NW 79 AVE	
CITY ST ZIP	MIAMI, FL 33126		CITY ST ZIP	DORAL, FL 33122	
TITLE		☐ Delete	TITLE	VP	☐ Change ☒ Addition
NAME			NAME	QUINTANA, PATRICIA	
STREET ADDRESS			STREET ADDRESS	2121 NW 79 AVE	
CITY ST ZIP			CITY ST ZIP	DORAL, FL 33122	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	500008500575	
STREET ADDRESS			STREET ADDRESS	10/05/06--01045--003 **150.00	
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		
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: [signature] FABIO MOBLICCI 10/2/06 305.4700075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OCT 6 2006