588363

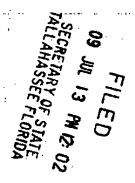
	equestor's Name)	
(Re	equestors Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	· ·
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
	•	

Office Use Only



400158342094

07/13/09--01071--020 **35.00





COVER LETTER

10:	Amendment Section Division of Corporations					
SUBJECT: BOCA EXPORT & TRADING, INC.						
	Name of	Corporation				
DOCU	MENT NUMBER:	S88363				
The enc	losed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.				
Please r	eturn all correspondence concerning this mat	er to the following:				
	SANDRA S.	WOOLDRIDGE ontact Person				
	Name of C	ontact i erson				
	Firm/	Company				
		HAVE CIRCLE				
	Ac	Idress				
	BOCA RAT	ON, FL 33431				
	City/State	and Zip Code				
	sandra330@)bellsouth.net				
	E-mail address: (to be used for	future annual report notification)				
For furt	her information concerning this matter, please	e call:				
	SANDRA S. WOOLDRIDGE	at (561) 852-6226				
	Name of Contact Person	at (561) 852-6226 Area Code & Daytime Telephone Number				
Enclose	d is a \$35.00 check made payable to the Depa	artment of State.				
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

• • •

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

statement of cha	nge is submitted for a cor	poration organizea	07.1508, or 617.1508, Florida I under the laws of the State of I agent, or both, in the State of	FLORIDA		
1. The name of t	he corporation: BOCA	EXPORT &	TRADING, INC.			
			RCLE, BOCA RATON, F	L 33431 US		
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification:	10/18/1991	Document number:	S88363		
	street address of the curr tment of State: (If resigne		t and registered office on file w	rith the		
	HRAWG CORP			_		
	1801 N. MILITARY TRAIL, SUITE 200					
	BOCA RATON, FL	33431 US		O9 SEC		
6. The name and (if changed):	street address of the new	registered agent (i	f changed) and /or registered or	SSE 3		
	SANDRA S. WOOL	DRIDGE				
	3510 PINE HAVEN	CIRCLE		STAT		
	POCA DATON EL	P.O. Box NOT acc	eptable	- FE 22		
The street addre	ss of its registered office be identical.		lress of the business office of	its registered agent,		
Such change wa authorized by th	s authorized by resolution board, or the corporation	on duly adopted by on has been notific	its board of directors or by a ed in writing of the change.			
Sand	ras Wool	dridge _	SANDRA S. WOOLD Printed or typed name and			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as regis o comply with the provis d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity. Trelative to the proper and co tion of my position as register egistered office address, I her	omplete performance red agent. Or, if this eby confirm that the		
Sand	had I Wool	diedge	07/08/2009 Date)		
If signing on be	half of an entity:	_				
	RAS. WOOLDRIDG	<u>E</u>				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *