

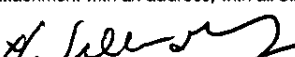


**FILED**  
**Feb 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 310924</b> 1. Entity Name <b>EVERGLADES DIESEL INJECTION SERVICE, INC.</b>			
Principal Place of Business <b>243 S W 33RD COURT FT. LAUDERDALE, FL 33315-3375</b>		Mailing Address <b>243 S W 33RD COURT FT. LAUDERDALE, FL 33315-3375</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01222008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-1153094</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, WILLIAM 243 SW 33 CT FORT LAUDERDALE, FL 33315-3375</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>02/28/08-80030-020 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P GONZALEZ, WILLIAM 243 SW 33RD CT FORT LAUDERDALE, FL 333153375	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VP CIBANTS, HARRY J 243 SW 33RD CT FORT LAUDERDALE, FL 333153375	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: 		02-19-08 954-522-1780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>WILLIAM GONZALEZ</b>		Date Daytime Phone #	