2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000020792

City-St-Zip:

MIAMI, FL 33196

Entity Name: CENTRAL AMERICAN COURIERS, INC.

FILED Mar 03, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
8283 NW 64TH STREET UNIT 4 MIAMI, FL 33166		1108 W FLAGLER ST MIAMI, FL 33130		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
8283 NW 64TH STREET MIAMI, FL 33166		1108 W FLAGLER ST MIAMI, FL 33130		
FEI Number: 65-0992465	FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:	
RIVERA, GUILLERMO E 10813 SW 146 CT MIAMI, FL 33186 US		MORAGA, ELIZABETH 15824 SW 98 ST MIAMI, FL 33196 US		
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.				
SIGNATURE: ELIZABET	H MORAGA		03/03/2006	
Electroni	c Signature of Registered Agent		Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: DP ()	Delete	Title: ()	Change () Addition	

Name: RIVERA, GUILLERMO E Name: 10813 SW 146 CT. Address: Address: City-St-Zip: MIAMI, FL 33186 City-St-Zip: Title: DVP () Delete Title: DVP (X) Change () Addition WILLIAMS, ELIZABETH Name: Name: MORAGA, ELIZABETH Address: 15824 SW 98 STREET Address: 15824 SW 98 STREET MIAMI, FL 33196 MIAMI, FL 33196 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MORAGA, OSCAR O Name: Address: 15824 SW 98 STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ELIZABETH MORAGA DVP 03/03/2006