

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000021917

1. Entity Name
E & C VALET AND SERVICES, INC.



FILED

07 JUN 18 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1874 SW 3RD AVE
SUITE 7
MIAMI, FL 33129

Mailing Address

1874 SW 3RD AVE
SUITE 7
MIAMI, FL 33129

2. Principal Place of Business - No P.O. Box #

9961 NW 9th Street circle
#6

3. Mailing Address

9961 NW 9th Street circle
#6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FLORIDA

City & State

Miami - Florida

Zip

33172

Country

U.S.A

Zip

33172

Country

U.S.A.

4. FEI Number

04-3612451

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASTUDILLO, CARLOS
1874 SW 3RD AVENUE
SUITE 7
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name
ASTUDILLO Carlos
Street Address (P.O. Box Number is Not Acceptable)
9961 NW 9th Street circle
#6
City
Miami FL Zip Code
33172

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ASTUDILLO, CARLOS 1874 SW 3RD AVE, SUITE 7 MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ASTUDILLO CARLOS 9961 NW 9th Street circle #6 MIAMI FL 33172	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104649702 06/21/07--01011--024 **\$600.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104649702 06/21/07--01011--025 **\$8.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104649702 06/21/07--01011--026 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200104649702 06/21/07--01011--027 **\$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director
Carlos Astudillo

Date
06/13/07 (786)-315-0272
Daytime Phone #