

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 MAR -9 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06



02252006 REIN-P CR2E098 (11/05)

DOCUMENT # P02000042805	
1. Entity Name E & C TRUCKING CORPORATION	
Principal Place of Business 1970 E. OSCEOLA PKWY., #239 KISSIMMEE, FL 34743	Mailing Address 1970 E. OSCEOLA PKWY., #239 KISSIMMEE, FL 34743
2. Principal Place of Business 832 EVANGELINE AVE	3. Mailing Address 832 EVANGELINE AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ORLANDO FLORIDA	City & State ORLANDO FLORIDA
Zip 32809	Country
Zip 32809	Country

4. FEI Number 03-0437538	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CAZA, DINA 1970 E. OSCEOLA PKWY., #239 KISSIMMEE, FL 34743		7. Name and Address of New Registered Agent Name LOZADA, DINA Street Address (P.O. Box Number is Not Acceptable) 832 EVANGELINE AVE. ORLANDO City FL Zip Code 32809	
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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 *X Dina Lozada* DATE **02/25/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAZA, DINA 1970 E. OSCEOLA PKWY, #239 KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOZADA, DINA 832 EVANGELINE AVE. ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOZADA, ELEAZAR 1970 E. OSCEOLA PKWY, #239 KISSIMMEE, FL 34743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOZADA ELEAZAR 832 EVANGELINE AVE. ORLANDO, FL 32809 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *X Dina Lozada* DATE **02/25/06** DAYTIME PHONE # **(321) 299-5555**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR