2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000117306

Entity Name: FULL SERVICE CREW CENTER, INC.

FILED Jan 26, 2007 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1180 S AMERICA WAY
MIAMI, FL 33132

1007 N AMERICA WAY
MIAMI, FL 33132

MIAMI, FL 33132

Current Mailing Address: New Mailing Address:

1180 S AMERICA WAY MIAMI, FL 33132

FEI Number: 27-0035655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZALKIN, HOWARD

2080 NE 197TH TERRACE

NORTH MIAMI, FL 33179

US

DARIO, ECHEVERRY

1180 S AMERICA WAY

MIAMI, FL 33132

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: DARIO ECHEVERRY 01/26/2007

Electronic 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:

Title: MD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 MD (X) Change () Addition

 Name:
 ZALKIN, HOWARD
 Name:
 ZALKIN, HOWARD

 Address:
 2080 NE 197TH TERRACE
 Address:
 2080 NE 197TH TERRACE

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179

Title: VD () Delete Title: () Change () Addition

 Name:
 ECHEVERRY, DARIO
 Name:

 Address:
 4000 ISLAND BLVD. #407
 Address:

 City-St-Zip:
 AVENTURA, FL 33160
 City-St-Zip:

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.

SIGNATURE: DARRIO ECHEVERRY MR 01/26/2007