

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000117567

FILED
Nov 23, 2004
Secretary of State

Entity Name: HDA PUMPING, INC.

Current Principal Place of Business:

619 OCEAN MIST
RUSKIN, FL 33570 US

New Principal Place of Business:

Current Mailing Address:

619 OCEAN MIST
RUSKIN, FL 33570 US

New Mailing Address:

FEI Number: 56-2308289 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVONCE, JUAN
619 OCEAN MIST
RUSKIN, FL 33570 US

Name and Address of New Registered Agent:

AVONCE, JUAN M
619 OCEAN MIST
RUSKIN, FL 33570 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: JUAN M AVONCE

11/23/2004

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: P () Delete
Name: AVONCE, JUAN
Address: 619 OCEAN MIST
City-St-Zip: RUSKIN, FL 33570 US

Title: VP () Delete
Name: AVONCE, ESPIRIDION
Address: 4606 HUDSON OAKS LN
City-St-Zip: DOVER, FL 33527 US

Title: S () Delete
Name: AVONCE, FRANCISCO
Address: 10314 HWY 92 E., APT.B
City-St-Zip: TAMPA, FL 33610

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AVONCE, JUAN M
Address: 619 OCEAN MIST
City-St-Zip: RUSKIN, FL 33570 US

Title: VP (X) Change () Addition
Name: AVONCE, ESPIRIDION
Address: 619 OCEAN MIST
City-St-Zip: RUSKIN, FL 33570 US

Title: S (X) Change () Addition
Name: AVONCE, FRANCISCO
Address: 619 OCEAN MIST
City-St-Zip: RUSKIN, FL 33570 US

Title: T () Change (X) Addition
Name: AVONCE, PEDRO M
Address: 619 OCEAN MIST
City-St-Zip: RUSKIN, FL 33570 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUAN M AVONCE

P

11/23/2004

Electronic Signature of Signing Officer or Director

Date