



2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2004 8:00 A.M
Secretary of State

DOCUMENT # P03000002724 1. Entity Name L.S. INTERNATIONAL FREIGHT, INC.					
Principal Place of Business 12316 NW 7TH LANE MIAMI, FL 33182		Mailing Address 12316 NW 7TH LANE MIAMI, FL 33182			
2. Principal Place of Business 7721 NW 7th Street Suite, Apt. #, etc. Apt 102		3. Mailing Address 7721 NW 7th Street Suite, Apt. #, etc. 102		REINSTATEMENT 	
City & State Miami, Florida		City & State Miami Florida		4. FEI Number 571144295	
Zip 33126		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEON, JUAN 12316 NW 7TH LANE MIAMI, FL 33182				7. Name and Address of New Registered Agent Name Leon, Juan Street Address (P.O. Box Number is Not Acceptable) 7721 NW 7th Street Apt 102 City Miami FL Zip Code 33126	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$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	PTD <input type="checkbox"/> Delete LEON, JUAN 12316 NW 7TH LANE MIAMI, FL 33182		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7721 NW 7th Street Apt 102 Miami FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete SALAZAR, ISIMER 12316 NW 7TH LANE MIAMI, FL 33182		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7721 NW 7th Street Apt 102 Miami FL 33126	
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 200042110312 10/22/04--01056--010 **150.00	
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 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 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 an officer like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			10/12/04 305 992 3008 Date Daytime Phone #		