2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000017838

Entity Name: FREIGHT TRANSPORTING, INC.

FILED Jul 13, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

9000 SW 25TH ST 6700 NW 186 ST.

MIAMI, FL 33165 121

MIAMI LAKES, FL 33015 US

Current Mailing Address: New Mailing Address:

9000 SW 25TH ST 6700 NW 186 ST.

MIAMI, FL 33165 121

MIAMI, FL 33015 US

FEI Number: 83-0350437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SARDINA, ELIZABETH
9000 SW 25TH ST
SARDINA, ELIZABETH
6700 NW 186 ST.

MIAMI, FL 33165 US 121 MIAMI LAKES, FL 33015 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: ELIZABETH SARDINA 07/13/2005

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 SARDINA, ELIZABETH
 Name:
 SARDINA, ELIZABETH

 Address:
 9000 SW 25TH ST
 Address:
 6700 NW 186 ST. APT.121

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI LAKES, FL 33015

Title: DS () Delete Title: DS (X) Change () Addition Name: SARDINA, JOSE A SARDINA, JOSE A

 Address:
 9000 SW 25TH ST
 Address:
 6700 NW 186 ST.

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:
 MIAMI LAKES, FL 33015

Title: DT () Delete Title: () Change () Addition

 Name:
 ESPINALES, BYRON
 Name:

 Address:
 9000 SW 25TH ST
 Address:

 City-St-Zip:
 MIAMI, FL 33165
 City-St-Zip:

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: ELIZABETH SARDINA DP 07/13/2005