2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000021938

Entity Name: CONSOLIDATED HANDLING SERVICES, INC.

FILED Apr 03, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4831 N.W. 99TH COURT P. O. BOX 25486 MIAMI, FL 33178 P. O. BOX 25486 MIAMI, FL 33102

Current Mailing Address: New Mailing Address:

4831 N.W. 99TH COURT P. O. BOX 25486 MIAMI, FL 33178 P. O. BOX 25480

FEI Number: 82-0588651 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:

CABALLERO, CARLOS A

4831 N.W. 99TH COURT

MIAMI, FL 33178 US

JARVIS, JIM

1500 SAN REMO AVENUE

SUITE 145

CORAL GABLES, FL 33146 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.

in the State of Florida.

SIGNATURE: JIM JARVIS 04/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 REY, ALFONSO C
 Name:
 REY, ALFONSO C

 Address:
 PO BOX 522906
 Address:
 PO BOX 25486

 City-St-Zip:
 MIAMI, FL 33152
 City-St-Zip:
 MIAMI, FL 33102

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: ALFONSO C. REY PD 04/03/2006