## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000089727

SALCEDO, LORENA

3580 PALL MALL DR APT #2303

JACKSONVILLE, FL 32257

Name:

Address:

City-St-Zip:

Entity Name: EAGLES USA CONTRACTORS, INC.

FILED Jan 13, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3580 PALL MALL DR APT #2303 JACKSONVILLE, FL 32257 **Current Mailing Address: New Mailing Address:** 3580 PALL MALL DR APT #2303 JACKSONVILLE, FL 32257 FEI Number: 54-2121940 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: BUSTOS, EDUARD 3580 PALL MALL DR APT #2303 JACKSONVILLE, FL 32257 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: EDUARD BUSTOS Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BUSTOS, EDUARD Name: Name: 3580 PALL MALL DR APT #2303 Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: Title: () Delete () Change () Addition Name: VILLALBA, MARINA Name: 3580 PALL MALL DR APT #2303 Address: Address: JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition VIVES, JAIRO Name: Name: 3580 PALL MALL DR APT #2303 Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: EDUARD BUSTOS D 01/13/2005