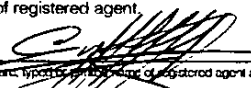
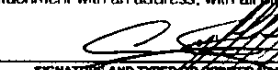


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000103108			
1. Entity Name GOOD NEWS CARRIER INC.			
Principal Place of Business 13250 SW. 88 TERR., #201CN MIAMI, FL 33186		Mailing Address 13250 SW. 88 TERR., #201CN MIAMI, FL 33186	
2. Principal Place of Business 7535 S.W. 152nd Ave apt # C201		3. Mailing Address 808 Windy Gap Dr.	
Suite, Apt. #, etc. apt # C201		Suite, Apt. #, etc.	
City & State Miami, FL		City & State Arlington, TX	
Zip 33193	Country U.S.A.	Zip 76002	Country U.S.A.
6. Name and Address of Current Registered Agent ROUNDON, CYNTHIA 13250 SW. 88 TERR., #201CN MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Rondon, Cynthia Street Address (P.O. Box Number is Not Acceptable) 7535 SW. 152 Ave apt. C201 City Miami FL Zip Code 33193	
4. FEI Number 35-2215180			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
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  DATE 12/05/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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	DPT ROUNDON, CARLOS 13250 SW. 88 TERR., #201CN MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT Rondon, Carlos 808 Windy Gap Dr. Arlington, TX 76002 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: 		Cynthia Rondon 12/05/06 (305) 761-8034	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	