2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 20, 2006
Secretary of State

DOCUMENT# P03000150291

Entity Name: CARRIZALES BROTHER'S INC.

Current Principal Place of Business:

2912 N. PINEWAY DRIVE
PLANT CITY, FL 33566 US

New Principal Place of Business:

Current Mailing Address:

2912 N. PINEWAY DRIVE
PLANT CITY, FL 33566 US

New Mailing Address:

FEI Number: 20-0476368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARRIZALES, LEOVIGILDO
2912 N. PINEWAY DRIVE
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

FLORIDA INSURANCE CONSULTING, INC.
175 CENTRAL AVENUNE S.
BARTOW, FL 33566 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: OZ LOPEZ 11/20/2006
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:

Title: PD ( ) Delete
Name: CARRIZALES, LEOVIGILDO
Address: 2912 N. PINEWAY DRIVE
City-St-Zip: PLANT CITY, FL 33566 US

Title: VP ( ) Delete
Name: GUERRERO, MODESTA
Address: 2912 N. PINEWAY DRIVE
City-St-Zip: PLANT CITY, FL 33566 US

Title: T ( ) Delete
Name: GUERRERO, JUAN
Address: 2912 N. PAINWAY DRIVE
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CARRIZALES, LEOVIGILDO
Address: 2912 N. PINEWAY DRIVE
City-St-Zip: PLANT CITY, FL 33566 US

Title: ST (X) Change ( ) Addition
Name: GUERRERO, MODESTA
Address: 2912 N. PINEWAY DRIVE
City-St-Zip: PLANT CITY, FL 33566 US

Title: VP (X) Change ( ) Addition
Name: GUERRERO, JUAN
Address: 2912 N. PAINWAY DRIVE
City-St-Zip: PLANT CITY, FL 33566

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: LEOVIGILDO CARRIZALES P 11/20/2006
Electronic Signature of Signing Officer or Director Date