
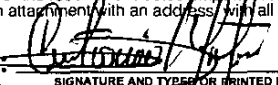



2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000044581 1. Entity Name WHITE COAST TRUCKING INC.					
Principal Place of Business 5321 S.W. 1ST STREET MIAMI, FL 33134			Mailing Address 5321 S.W. 1ST STREET MIAMI, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LAXMY'S CAMER SVCES 3900 N.W. 79 AVE. SUITE 204 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$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	P MARTIN, ANTONIO 5520 S.W. 3RD STREET MIAMI, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  (President)			02/17/06 (305) 888-9665 <small>Date Daytime Phone #</small>		


FEB 22 2006

White Coast Trucking, Inc.
7275 N.W. 61st Street
Miami, FL 33166
Ph: 305 888-9665 Fax: 305 888-9784
Document # P04000044581

Division of Corporation
P.O. Box. 6198
Tallahassee, FL 32314-6198

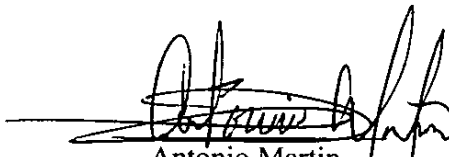
Re: Corporation not active

The reason for this letter is to let you know that White Coast Trucking, Inc. pay the \$150.00 dollar amount for the Annual Report with check number #1934 for the 2005 annual report and it was cashed by the Division of Corporation, but still our company was but on inactive.

We contact the Division of Corporation and we were told that a letter was sent out to White Coast Trucking, Inc. witch we never received asking for additional information as of today our company still in inactive. Enclosed you can find copies of the check and the date it was mailed to you.

As per our phone conversation with the Division of Corporation, we are also sending \$150.00 dollars together with the application for the 2006 annual report for White Coast Trucking, Inc.

Thank you for your time and concern, your help with this matter is greatly appreciated


Antonio Martin
President/ Owner

02/17/06.