2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000111164

Address:

City-St-Zip:

633 SW 110 LANE, APT 204

PEMBROKE PINES, FL 33025 US

Entity Name: INNOVATIVE FREIGHT SERVICES CORP.

FILED Oct 10, 2005 Secretary of State

Current Principal Place of Business:		New Principal Place	of Business:	
UNIT 115,	47 TERRACE BLD. 4 DALE LAKES, FL 33319 US			
Current N	lailing Address:	New Mailing Addres	s:	
UNIT 115,	47 TERRACE BLD. 4 DALE LAKES, FL 33319 US			
FEI Number	: 34-2009097 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
3121 NW - UNIT 115,	/ALRIE V PRES. 47 TERRACE BLD. 4 DALE LAKES, FL 33319 US			
	$$ named entity submits this statement for the ρ e of Florida.	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE: VALERIE GRANT			
	Electronic Signature of Registered Age	ent	Date	
	ice with s. 607.193(2)(b), F.S., the corporation did no mpaign Financing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete GRANT, VALRIE V PRES 3121 NW 47 TERRACE, UNIT 115. BLD.4 LAUDERDALE LAKES, FL 33319 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES () Delete GRANT, VALRIE V TRES 3121 NW 47 TERRACE, UNIT 115, BLD. 4 LAUDERDALE LAKES, FL 33319 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete NATALIE, BLAIR K VICE P. 3121 NW 47 TERRACE, UNIT 115, BLD.4 LAUDERDALE LAKES, FL 33319 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	SEC () Delete DIXON, CLAUDETTE C SEC	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: CLAUDETTE DIXON SEC 10/10/2005