2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# P04000133618

Entity Name: ULTIMATE TRIM INC.

Current Principal Place of Business:

13025 OLD DADE CITY ROAD
KATHLEEN, FL 33849

New Principal Place of Business:

1519 LEHALL SQUARE NORTH
LAKELAND, FL 33810

Current Mailing Address:

PO BOX 72
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 11-3728091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIEVES, CARLOS
13025 OLD DADE CITY ROAD
KATHLEEN, FL 33849 US

Name and Address of New Registered Agent:

NIEVES, CARLOS
1519 LEHALL SQUARE NORTH
LAKELAND, FL 33810 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: CARLOS NIEVES 10/07/2005
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: P ( ) Delete
Name: NIEVES, CARLOS
Address: 13025 OLD DADE CITY ROAD
City-St-Zip: KATHLEEN, FL 33849

Title: S ( ) Delete
Name: NIEVES, NERIDA C
Address: 13025 OLD DADE CITY ROAD
City-St-Zip: KATHLEEN, FL 33849

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NIEVES, CARLOS
Address: 1519 LEHALL SQUARE NORTH
City-St-Zip: LAKELAND, FL 33810

Title: S (X) Change ( ) Addition
Name: NIEVES, NERIDA C
Address: 1519 LEHALL SQUARE NORTH
City-St-Zip: LAKELAND, FL 33810

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.

SIGNATURE: NERIDA C NIEVES S 10/07/2005
Electronic Signature of Signing Officer or Director Date