


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 MAY -3 PM 1:13

FLORIDA STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000163899		
1. Entity Name BEN DAVID TRUCKING CORP		

Principal Place of Business 11201 SW 55 ST LOT D32 BOX 256 MIRAMAR, FL 33025	Mailing Address 11201 SW 55 ST LOT D32 BOX 256 MIRAMAR, FL 33025
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2. Principal Place of Business - No P.O. Box # 230 NW 5 ST. Suite, Apt. #, etc. —	3. Mailing Address 11201 SW 55 ST. Suite, Apt. #, etc. Box-256
City & State Cape Coral, FL	City & State Miramar, FL
Zip 33993	Country USA

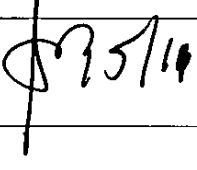


4. FEI Number 20-1970882		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALFONSO, OSVALDO 11201 SW 55 ST LOT D32 BOX 256 MIRAMAR, FL 33025		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

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 04/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALFONSO, OSVALDO 11201 SW 55 ST LOT D32 BOX 256 MIRAMAR, FL 33025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000103190280 05/24/07--01015--008 **\$900.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARRERO, DARLEN 11201 SW 55 ST LOT D32 BOX 256 MIRAMAR, FL 33025 <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:  DATE 04/22/07 3057257369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #