

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000172788

FILED
Oct 14, 2005
Secretary of State

Entity Name: EXODUS AUTO TRANSPORTING, INC.

Current Principal Place of Business:

701 NW 210 STREET
APT 501
MIAMI, FL 33169

New Principal Place of Business:

21087 NW 22 AVE
APT 217
MIAMI, FL 33056

Current Mailing Address:

701 NW 210 STREET
APT 501
MIAMI, FL 33169

New Mailing Address:

21087 NW 22 AVE
APT 217
MIAMI, FL 33056

FEI Number: 33-1107757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELS, JOEL S
701 NW 210 STREET
APT# 501
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

SAMUELS, JOEL S
21087 NW 22 AVE
APT 217
MIAMI, FL 33056 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: JOEL SAMUELS

10/14/2005

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: SAMUELS, JOEL S
Address: 701 NW 210 STREET APT# 501
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: SAMUELS, COURTNEY A
Address: 701 NW 210 STREET APT#501
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: SAMUELS, KENNETH L
Address: 701 NW 701 STREET APT#501
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SAMUELS, JOEL S
Address: 21087 NW 22 AVE APT 217
City-St-Zip: MIAMI, FL 33056

Title: VP (X) Change () Addition
Name: SAMUELS, COURTNEY A
Address: 21087 NW 22 AVE APT 217
City-St-Zip: MIAMI, FL 33056

Title: T (X) Change () Addition
Name: SAMUELS, KENNETH L
Address: 21087 NW 22 AVE APT 217
City-St-Zip: MIAMI, FL 33056

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: JOEL SAMUELS

P

10/14/2005

Electronic Signature of Signing Officer or Director

Date