


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 DEC -4 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000036047		
1. Entity Name AURELIA EXPRESS CORP.		

Principal Place of Business 15268 SW. 21 PL MIRAMAR, FL 33027	Mailing Address 15268 SW. 21 PL MIRAMAR, FL 33027
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2. Principal Place of Business 111 SE 5 AVE	3. Mailing Address SAME
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Hialeah FL	City & State
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Zip 33010	Country USA	Zip	Country
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10302006 REIN-P CR2E098 (11/05)

4. FEI Number 20-2474152	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent REYES, AURELIA 15268 SW. 21 PL MIRAMAR, FL 33027	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 111 SE 5 AVE City Hialeah FL Zip Code 33010	
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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 <i>Aurelia Reyes</i>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST REYES, AURELIA 15268 SW. 21 PL MIRAMAR, FL 33027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200082329912 12/06/06--01060--006 ***150.00 <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
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: <i>Aurelia Reyes</i>	11/7/06	Date	Daytime Phone #
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