2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 23, 2007
Secretary of State

DOCUMENT# P05000065951

Entity Name: CRESPOMANZO TRUCKING INC.

Current Principal Place of Business:

4747 WEST WATERS AVE
APT 401
TAMPA, FL 33614

New Principal Place of Business:

2602 W. KIRBY ST.
TAMPA, FL 33614

Current Mailing Address:

4747 WEST WATERS AVE
APT 401
TAMPA, FL 33614

New Mailing Address:

2602 W. KIRBY ST.
TAMPA, FL 33614

FEI Number: 20-2839350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRESPO, OSMANY
4747 WEST WATERS AVE
APT 401
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CRESPO, OSMANY
2602 W. KIRBY ST.
TAMPA, FL 33614 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: OSMANI CRESPO 02/23/2007
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: CRESPO, OSMANY
Address: 4747 WEST WATERS AVE APT 401
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete
Name: MANZO, NORMA
Address: 4747 WEST WATERS AVE APT 401
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRESPO, OSMANY
Address: 2602 W. KIRBY ST.
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Change ( ) Addition
Name: MANZO, NORMA
Address: 2602 W. KIRBY ST.
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: OSMANY CRESPO P 02/23/2007
Electronic Signature of Signing Officer or Director Date