


2008 FOR PROFIT CORPORATION REINSTATEMENT

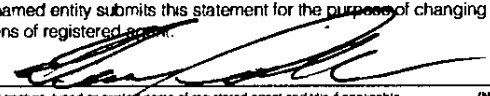
DOCUMENT # P05000069649		
1. Entity Name E C TRANSPORT SERVICES INC.		

Principal Place of Business 4118 NOBLE PL PARRISH, FL 34219	Mailing Address 4118 NOBLE PL PARRISH, FL 34219
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent CASILLAS, EDWIN 4118 NOBLE PL PARRISH, FL 34219		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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:  DATE: _____

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

FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASILLAS, EDWIN 4118 NOBLE PL PARRISH, FL 34219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500139360885 12/30/08--01039--001 **200.00 10/20/08 01064 003 550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CASILLAS, NORMA I 4118 NOBLE PL PARRISH, FL 34219 <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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: _____ Daytime Phone #: _____

FILED
08 DEC 30 AM 9:29
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

