

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000092646

Entity Name: ARFA & AADAM TRUCKING INC

FILED  
Oct 26, 2006  
Secretary of State

## Current Principal Place of Business:

1745 SUNSET RIDGE DRIVE  
MASCOTTE, FL 34753 US

## New Principal Place of Business:

1871 WESTERN HILLS LANE  
MASCOTTE, FL 34753 US

## Current Mailing Address:

1745 SUNSET RIDGE DRIVE  
MASCOTTE, FL 34753 US

## New Mailing Address:

1871 WESTERN HILLS LANE  
MASCOTTE, FL 34753 US

FEI Number: 41-2215971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALLY, ASSIF  
1745 SUNSET RIDGE DRIVE  
MASCOTTE, FL 34753 US

## Name and Address of New Registered Agent:

ALLY, ASSIF  
1871 WESTERN HILLS LANE  
MASCOTTE, FL 34753 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: ASSIF ALLY

10/26/2006

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: ALLY, ASSIF  
Address: 1745 SUNSET RIDGE DRIVE  
City-St-Zip: MASCOTTE, FL 34753 US

Title: T ( ) Delete  
Name: ALLY, ASSIF  
Address: 1745 SUNSET RIDGE DRIVE  
City-St-Zip: MASCOTTE, FL 34753 US

Title: S (X) Delete  
Name: ALLY, ASSIF  
Address: 1745 SUNSET RIDGE DRIVE  
City-St-Zip: MASCOTTE, FL 34753 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ALLY, ASSIF  
Address: 1871 WESTERN HILLS LANE  
City-St-Zip: MASCOTTE, FL 34753 US

Title: VP (X) Change ( ) Addition  
Name: TALIP, ROXANNE  
Address: 1871 WESTERN HILLS LANE  
City-St-Zip: MASCOTTE, FL 34753 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ASSIF ALLY

PD

10/26/2006

Electronic Signature of Signing Officer or Director

Date