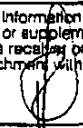


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 JUN -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000118674			
1. Entry Name LOS AGUILAS TRUCK COMPANY			
Principal Place of Business 4614 E TEMPLE 8 TAMPA, FL 33617		Mailing Address 4614 E TEMPLE 8 TAMPA, FL 33617	
2. Principal Place of Business, No P.O. Box # 108 Rock Springs Ct.		3. Mailing Address 108 Rock Springs Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee FL		City & State Kissimmee, FL	
Zip 34743		Zip 34743	
Country USA		Country USA	
4. FEI Number		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AGUILA, RAUL 4614 E TEMPLE 8 TAMPA, FL 33617		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILA, RAUL 4614 E TEMPLE 8 TAMP, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Agula, Raul 108 Rock Spring Ct. Kissimmee, FL 34743 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, YAMEL 4614 E TEMPLE 8 TAMPA, FL 33617 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gonzalez, Yamel 108 Rock Spring Ct. Kissimmee, FL 34743 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 		6-1-07 (30)298-2931	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	