2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# P05000147158

Entity Name: SOUTH FLORIDA SKYLINE CARRIERS, INC.

Current Principal Place of Business:

19165 STONEBROOK STREET
WESTON, FL 33332

New Principal Place of Business:

7648 BERGAMO AVE
SARASOTA, FL 34238 US

Current Mailing Address:

19165 STONEBROOK STREET
WESTON, FL 33332

New Mailing Address:

7648 BERGAMO AVE
SARASOTA, FL 34238 US

FEI Number: 20-3750040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, MARIA R
19165 STONEBROOK STREET
WESTON, FL 33332 US

Name and Address of New Registered Agent:

VARGAS, DORICELLY
7648 BERGAMO AVE
SARASOTA, FL 34238 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: DORICELLY VARGAS 02/01/2007
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: PD ( ) Delete
Name: GONZALEZ, MARIA R
Address: 19165 STONEBROOK STREET
City-St-Zip: WESTON, FL 33332

Title: VD (X) Delete
Name: VARGAS, DORICELLY
Address: 19165 STONEBROOK STREET
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVP (X) Change ( ) Addition
Name: VARGAS, DORICELLY
Address: 7648 BERGAMO AVE
City-St-Zip: SARASOTA, FL 34238 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: DORICELLY VARGAS DPVP 02/01/2007
Electronic Signature of Signing Officer or Director Date