

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000159556

FILED
Sep 21, 2006
Secretary of State

Entity Name: VICAM TRANSFER & FOOD, INC.

Current Principal Place of Business:

307 N.W. 5TH AVE.
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

307 N.W. 5TH AVE.
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 06-1772401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THELOT, PHOTI
628 S.W. 4TH AVE.
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

CHERISTIN, FRITZNER
307 NW 5TH AVE
DELRAY BEACH, FL 33444 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: FRITZNER CHERISTIN

09/21/2006

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: CHERISTIN, FRITZNER
Address: 307 N.W. 5TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP () Delete
Name: CHERISTIN, FRITZLINE
Address: 307 N.W. 5TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: S () Delete
Name: CHERISTIN, LOUNDARIE
Address: 307 N.W. 5TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: AS () Delete
Name: CHERISTIN, GERMANIE
Address: 307 N.W. 5TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: A () Delete
Name: CHERISTIN, VINER
Address: 307 N.W. 5TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

Title: T () Delete
Name: CHERISTIN, MARIE V
Address: 307 N.W. 5TH AVE.
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: FRITZNER CHERISTIN

P

09/21/2006

Electronic Signature of Signing Officer or Director

Date