2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Apr 01, 2008
Secretary of State

DOCUMENT# P06000103575

Entity Name: MASTER CRUSHER, INC.

Current Principal Place of Business:

8669 NW 36TH ST STE 140
DORAL, FL 33166

New Principal Place of Business:

4995 NW. 72ND AV. #205
MIAMI, FL 33166

Current Mailing Address:

8669 NW 36TH ST STE 140
DORAL, FL 33166

New Mailing Address:

4995 NW. 72ND AV. #205
MIAMI, FL 33166

FEI Number: 20-5342537 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMIREZ, NILMA Z
8669 NW 36TH ST STE 140
DORAL, FL 33166 US

Name and Address of New Registered Agent:

MORALES, ALEXIS
4995 NW. 72ND AV. #205
MIAMI, FL 33166 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: A.M. 04/01/2008
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: MORALES, ALEXIS J
Address: 8669 NW 36TH ST STE 140
City-St-Zip: DORAL, FL 33166

Title: VD ( ) Delete
Name: SALOM, RAY J
Address: 8669 NW 36TH ST STE 140
City-St-Zip: DORAL, FL 33166

Title: SD (X) Delete
Name: RAMIREZ, NILMA Z
Address: 8669 NW 36TH ST STE 140
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORALES, ALEXIS J
Address: 4995 NW. 72ND AV. STE. #205
City-St-Zip: MIAMI, FL 33166

Title: VD (X) Change ( ) Addition
Name: SALOM, RAY J
Address: 4995 NW 72 AVENUE #205
City-St-Zip: MIAMI, FL 33166

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

I hereby certify that the information supplied with this filing does not qualify 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: A.M. P 04/01/2008
Electronic Signature of Signing Officer or Director Date