2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2007
Secretary of State

DOCUMENT# P06000118736

Entity Name: A + HAULING, INC.

Current Principal Place of Business:

3444 MAPLE TERRACE
PORT CHARLOTTE, FL 33950 US

New Principal Place of Business:

11225 TAMIAMI TRAIL
PUNTA GORDA, FL 33955 US

Current Mailing Address:

3444 MAPLE TERRACE
PORT CHARLOTTE, FL 33950 US

New Mailing Address:

3821B TAMIAMI TRAIL
SUITE 305
PORT CHARLOTTE, FL 33952 US

FEI Number: 06-1795012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOPEZ, CHARITY
3444 MAPLE TERRACE
PORT CHARLOTTE, FL 33950 US

Name and Address of New Registered Agent:

LOPEZ, CHARITY
9969 NW 128TH TERRACE
HIALEAH GARDENS,, FL 33018 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: CHARITY LOPEZ 10/16/2007
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: DIR ( ) Delete
Name: LOPEZ, CHARITY
Address: 9969 N W 128TH TERRACE
City-St-Zip: HIALEAH GARDEN, FL 33018 US

Title: DIR ( ) Delete
Name: GARCIA, SERGIO
Address: 9969 N W 128TH TERRACE
City-St-Zip: HIALEAH GARDEN, FL 33018 US

Title: SEC ( ) Delete
Name: LOPEZ, CHARITY
Address: 9969 N W 128TH TERRACE
City-St-Zip: HIALEAH GARDEN, FL 33018 US

Title: TREA ( ) Delete
Name: LOPEZ, CHARITY
Address: 9969 N W 128TH TERRACE
City-St-Zip: HIALEAH GARDEN, FL 33018 US

Title: PRES ( ) Delete
Name: GARCIA, SERGIO
Address: 9969 N W 128TH TERRACE
City-St-Zip: HIALEAH GARDEN, FL 33018 US

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:

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: CHARITY LOPEZ DIR 10/16/2007
Electronic Signature of Signing Officer or Director Date