


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000124744
 1. Entity Name
 ONE CALL TRANSPORT, CORP.



FILED
 08 DEC 1 PH 2: 24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: 2125 NW 79TH AVENUE, DORAL, FL 33122
 Mailing Address: 11492 NW 69TH TERRACE, DORAL, FL 33178

2. Principal Place of Business - No P.O. Box #: 821 MESSINA AVE
 3. Mailing Address: SAME
 Suite, Apt. #, etc.

City & State: Coral Gables FL
 Zip: 33134 Country: DADE

11262008 REIN-P CR2E098 (1/07)
 4. FEI Number Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 ECHAURI, DAMIAN JR.
 11492 NW 69TH TERRACE
 DORAL, FL 33178

7. Name and Address of New Registered Agent
 Name: DAMIAN ECHAURI JR.
 Street Address (P.O. Box Number is Not Acceptable): 821 MESSINA AVE
 City: CORAL GABLES FL Zip Code: 33134

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: *Damian Echauri* DATE: 11-26-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECHAURI, DAMIAN JR. 11492 NW 69TH TERRACE DORAL, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW ADDRESS! 821 MESSINA AVE CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000139040160 12/16/08--01003--008 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Damian Echauri* DATE: 11-26-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DEC 1 = 2008