2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000065248

Entity Name: SOUTHERN MOVES, INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

US

9401 N.W. 109TH STREET 1925 NW 21 TERR BAY 4 MIAMI, FL 33142

MEDLEY, FL 331781285 US

Current Mailing Address:

New Mailing Address:

6412 SW. 106 AVE. 9401 N.W. 109TH STREET MIAMI, FL 33173 BAY 4 US

MEDLEY, FL 331781285 US

Certificate of Status Desired ()

FEI Number: 65-0605414 FEI Number Applied For () FEI Number Not Applicable ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TABARES, JOSE F PST TABARES, JOSE F PST 9401 N W 109TH STREET, BAY 4 6412 SW. 106 AVE. MIAMI, FL 33173 MEDLEY, FL 33178

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: JOSE TABARES 05/01/2008

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

TABARES, JOSE F PST TABARES, JOSE F PST Name: Name: 9405 N W 109TH STREET, BAY 4 6412 SW. 106 AVE Address: Address: City-St-Zip: MEDLEY, FL 33178 City-St-Zip: MIAMI, FL 33173

() Delete Title: **VPST** Title: **VPST** (X) Change () Addition

Name: TABARES, MARIA G VPST Name: TABARES, MARIA G VPST 9405 NW 109TH STREET, BAY 4 Address: 6412 SW. 106 AVE Address: MEDLEY, FL 33178 MIAMI, FL 33173 City-St-Zip: 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: JOSE TABARES **PST** 05/01/2008