

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 684367

1. Entity Name
TRINIDAD ENTERPRISES, INC.



FILED

07 MAR -7 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 18105 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162-1605	Mailing Address 18105 NE 19TH AVENUE NORTH MIAMI BEACH, FL 33162-1605
---	---



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

02202007 REIN-P CR2E098 (1/07)

City & State	City & State
Zip Country	Zip Country

4. FEI Number 59-2028693	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LUNA, LILANA J
2115 NE 182 ND STREET
MIAMI, FL 33162

7. Name and Address of New Registered Agent

Name - _____
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code _____

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

800092219488
03/12/07--01015--005 **300.00

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRINIDAD, JOSE H.	
STREET ADDRESS	9725 TOMORROW COURT	
CITY-ST-ZIP	LAS VEGAS, NV 891477262	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRINIDAD, MIGUEL H.	
STREET ADDRESS	2145 NE MIAMI GARDEN DR.	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUNA, LILIANA J.	
STREET ADDRESS	2115 NE 182ND ST.	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, LILA	
STREET ADDRESS	1900 NE 186 TH DRIVE	
CITY-ST-ZIP	N MIAMI BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRINIDAD, JOSE H	
STREET ADDRESS	17427 N.W. 66 CT.	
CITY-ST-ZIP	MIAMI, FL. 33015	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNA, LILIANA J.	
STREET ADDRESS	861 N.E. 182 ST.	
CITY-ST-ZIP	N. MIAMI BCH, FL. 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Liliana Luna J*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-07
Date

(905)947-5511
Daytime Phone #

23/8