

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000012486

Entity Name: SENTREX ENTERPRISES INC.

FILED
Nov 11, 2004
Secretary of State

Current Principal Place of Business:

4090 COCOPLUM CIR
COCONUT CREEK, FL 33063

New Principal Place of Business:

491 SW LAKOTA AVE
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

4090 COCOPLUM CIR
COCONUT CREEK, FL 33063

New Mailing Address:

491 SW LAKOTA AVE
PORT SAINT LUCIE, FL 34953

FEI Number: 20-1373251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENDEZ, MIGUEL A SR.
4090 COCOPLUM CIR
COCONUT CREEK, FL 33063 US

Name and Address of New Registered Agent:

MENDEZ, MIGUEL A SR.
491 SW LAKOTA AVE
PORT SAINT LUCIE, FL 34953 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: MIGUEL MENDEZ

11/11/2004

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: P () Delete
Name: MENDEZ, MIGUEL A SR.
Address: 4090 COCOPLUM CIR
City-St-Zip: COCONUT CREEK, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MENDEZ, MIGUEL A SR.
Address: 491 SW LAKOTA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Change (X) Addition
Name: PUSEY, MOLAND
Address: 3470 NW 43TH PL
City-St-Zip: LAUDERDALE LAKES, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MIGUEL MENDEZ

P

11/11/2004

Electronic Signature of Signing Officer or Director

Date