## 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000117472

Entity Name: HYNDS ENTERPRISES, INC.

FILED Dec 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1235 NW 3 ST #14 4702 SUMMIT BLVD

MIAMI, FL 33125 WEST PALM BEACH, FL 33415

**Current Mailing Address: New Mailing Address:** 

1235 NW 3 ST #14 4702 SUMMIT BLVD

WEST PALM BEACH, FL 33415 MIAMI, FL 33125

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HYNDS, ALFREDO OSWEL HYNDS, ALFREDO OSWEL 1235 NW 3 ST #14 4702 SUMMIT BLVD

MIAMI, FL 33125 WEST PALM BEACH, FL 33415 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: ALFREDO O. HYNDS 12/27/2004

> 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: () Delete HYNDS, ALFREDO OSWEL Name:

1235 NW 3 ST #14 Address: City-St-Zip: MIAMI, FL 33125

Title: DVS () Delete Name: CALLES, MARIA O 1235 NW 3 ST #14 Address: MIAMI, FL 33125

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition HYNDS, ALFREDO OSWEL Name: Address: 4702 SUMMIT BLVD

City-St-Zip: WEST PALM BEACH, FL 33415

Title: DVS (X) Change ( ) Addition

Name: CALLES, MARIA O Address: 4702 SUMMIT BLVD

WEST PALM BEACH, FL 33415 City-St-Zip:

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: ALFREDO O. HYNDS DP 12/27/2004