

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000141030

Entity Name: THE NENA BUSINESS INC

FILED
Feb 24, 2005
Secretary of State

Current Principal Place of Business:

6728 N DONALD AVE
TAMPA, FL 33614

New Principal Place of Business:

6728 N DONALD AVE
TAMPA, FL 33614 US

Current Mailing Address:

6728 N DONALD AVE
TAMPA, FL 33614

New Mailing Address:

6728 N DONALD AVE
TAMPA, FL 33614 US

FEI Number: 20-0424421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERNANDEZ, ABEL
6728 N DONALD AVE
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

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: ABEL HERNANDEZ

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: HERNANDEZ, ABEL
Address: 6728 N DONALD AVE
City-St-Zip: TAMPA, FL 33614

Title: V () Delete
Name: JIMENEZ, FERNANDO
Address: 15420 LIVINGSTON AVE #1508
City-St-Zip: LUTZ, FL 33559

Title: T () Delete
Name: CORTEZ, JOSE
Address: 15420 LIVINGSTON AVE #1509
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ABEL HERNANDEZ

P

02/24/2005

Electronic Signature of Signing Officer or Director

Date