
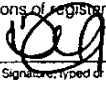
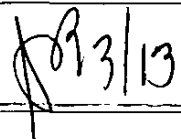
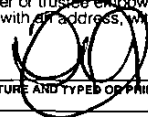


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000031484 1. Entity Name TRENA'S EXECUTIVE STAFFING, INC.					
Principal Place of Business 17801 N.W. 2ND AVE. SUITE 217B MIAMI, FL 33169			Mailing Address 17801 N.W. 2ND AVE. SUITE 217B MIAMI, FL 33169		
2. Principal Place of Business 827 NW 62ND STREET Suite, Apt. #, etc. BD B			3. Mailing Address Suite, Apt. #, etc. City & State MIAMI, FL		
City & State MIAMI, FL		City & State 		4. FEI Number 20-0704835	
Zip 33150		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOSIER, TRENA 2355 NW 155 STREET MIAMI, FL 33054				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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  _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete GOSIER, TRENA 2355 NW 155 STREET MIAMI, FL 33054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600067945766 03/16/06--01006--032 **300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600067945766 03/16/06--01006--033 **8.95	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/27/05 Daytime Phone # 7863562374		

FILED
06 MAR -8 AM 11:36
STATE OF FLORIDA



REINSTATEMENT
10182005 REIN-P CR2E098 (6/04) 05-06