

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000040620

Entity Name: XTRA PERSONNEL SERVICES, INC.

FILED
Sep 23, 2006
Secretary of State

Current Principal Place of Business:

101 N. FEDERAL HWY.
HALLANDALE, FL 33009

New Principal Place of Business:

12012 MIRAMAR PKWY
MIRAMAR, FL 33009

Current Mailing Address:

101 N. FEDERAL HWY.
HALLANDALE, FL 33009

New Mailing Address:

400 LESLIE DRIVE
HALLANDALE, FL 33009

FEI Number: 05-0597658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEM, JONNA
101 N. FEDERAL HWY.
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

SALEM, JONNA
400 LESLIE DRIVE
HALLANDALE, FL 33009 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: JONNA SALEM

09/23/2006

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: PSD () Delete
Name: SALEM, JONNA
Address: 101 N. FEDERAL HWY.
City-St-Zip: HALLANDALE, FL 33009

Title: VTD (X) Delete
Name: MAZEN, JAY
Address: 101 N. FEDERAL HWY.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: SALEM, JONNA
Address: 400 LESLIE DR. #1031 #1031
City-St-Zip: HALLANDALE, FL 33009

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 Chapter 119, 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: JONNA SALEM

PSD

09/23/2006

Electronic Signature of Signing Officer or Director

Date