

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000150789

Entity Name: TRINIDAD CARPETS INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7232 PALIFOX CIR  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

7232 PALIFOX CIR  
TAMPA, FL 33610 US

**New Mailing Address:**

FEI Number: 77-0099619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TRINIDAD, FREDDY F  
7232 PALIFOX CIR  
TAMPA, FL 33610 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: TRINIDAD, FREDDY F  
Address: 7232 PALIFOX CIR  
City-St-Zip: TAMPA, FL 33610 US

Title: O/D  
Name: TRINIDAD, RODOLFO  
Address: 7017 SKYLINE BLVD  
City-St-Zip: TAMPA, FL 33619 US

Title: O/D  
Name: TRINIDAD, KELVIN O  
Address: 7017 SKYLINE BLVD  
City-St-Zip: TAMPA, FL 33619

I hereby 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 all other like empowered.

SIGNATURE: FREDDY TRINIDAD

DP

04/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date