


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP -6 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P06000079327			
1. Entity Name TRAPICHE ASSOCIATES, INC.			
Principal Place of Business 16125 SW 84TH PLACE PALMETTO BAY, FL 33157		Mailing Address 16125 SW 84TH PLACE PALMETTO BAY, FL 33157	
2. Principal Place of Business - No P.O. Box # 10621 N. Kendall Drive		3. Mailing Address 10621 N. Kendall Drive	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Miami, Florida 33176		City & State Miami, Florida 33176	
Zip	Country	Zip	Country
		09042007 Chg-P CR2E034 (12/06)	
4. FEI Number 22-3934378		Applicable Fee \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	Zip Code
		FL	
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. It certifies that it is in good standing and is not in violation of the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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	PSTD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, ANGEL L	NAME	
STREET ADDRESS	16125 SW 84TH PLACE	STREET ADDRESS	10621 N. Kendall Drive, Suite 200
CITY-ST-ZIP	PALMETTO BAY, FL 33157	CITY-ST-ZIP	Miami, Florida 33176
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, YVONNE P	NAME	
STREET ADDRESS	16125 SW 84TH PLACE	STREET ADDRESS	10621 North Kendall Drive, Suite 200
CITY-ST-ZIP	PALMETTO BAY, FL 33157	CITY-ST-ZIP	Miami, Florida 33176
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	700109294497
CITY-ST-ZIP		CITY-ST-ZIP	09/11/07--01015--005 **150.00
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 109, Florida Statutes, and 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 each officer or director had signed the report 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 changed, or on an attachment with an address, with all officer-like empowerment.			
SIGNATURE: <u>Angel Aquino</u>		Date: <u>9-4-07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

9/6/07