

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000035864

**Entity Name:** TRIMERGE FINANCIAL SERVICES INC

**Current Principal Place of Business:**

39 NW 166TH STREET  
1  
MIAMI, FL 33169

**Current Mailing Address:**

39 NW 166TH STREET  
1  
MIAMI, FL 33169

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

TRIMERGE CONSULTING GROUP, PA  
39 NW 166TH STREET  
SUITE #1  
MIAMI, FL 33169 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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PST  
Name LAZARRE, GERALDINE  
Address 39 NW 166TH STREET, SUITE #1  
City-State-Zip: MIAMI FL 33169

*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:** GERALDINE LAZARRE

PST

04/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date