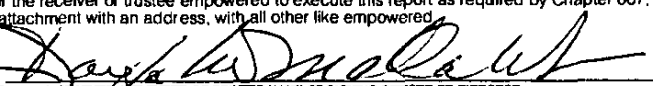


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90327 004 ***150.00

DOCUMENT # 123878 1. Entity Name TRINITY PARISH HOLDING CORPORATION					
Principal Place of Business 464 N.E. 16TH ST. MIAMI, FL 33132-1220 US			Mailing Address 464 N.E. 16TH ST. MIAMI, FL 33132-1220 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-0838103	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MUIR, WILLIAM T 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCAULEY, DOUGLAS W 464 N.E. 16TH STREET MIAMI, FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ELDREDGE, W. THEODORE 4000 TOWERSIDE TERRACE, APT. #1405 MIAMI SHORES, FL 33138	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YPD ALLEN, WURETIA 13720 NE 3RD COURT NORTH MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAO, RUBEN 2250 S.W. 21ST STREET MIAMI, FL 33145	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAMIESON, LAURA 831 10TH STREET MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, HANNO 152 N.E. 44TH STREET MIAMI, FL 33137	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOLAN, JAMES T 2545 BAY AVE MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MUIR, WILLIAM T 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLEN, JAY 4128 PAMONA AVE MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 4/11/07		Daytime Phone #: 786-588-6092