

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90063 037 \*\*\*150.00

**DOCUMENT # 347888**

1. Entity Name  
**TRIMAN TELE-GOAL INC**



Principal Place of Business  
**415 SOUTH FEDERAL HWY  
PO BOX 247  
DANIA, FL 33004**

Mailing Address  
**415 SOUTH FEDERAL HWY  
PO BOX 247  
DANIA, FL 33004**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1279476</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**ADMIN CORP.  
415 SOUTH FEDERAL HIGHWAY  
DANIA, FL 33004**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GOODMAN, MURRAY M 413 SOUTH FEDERAL HWY DANIA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAMPAGNE, NICOLE 310 SE 4TH TERRACE DANIA BEACH, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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** *Nicole Champagne* *Nicole Champagne*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-1-06* *954920-2727*  
Date Daytime Phone #