

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 422091

FILED
Jan 26, 2007
Secretary of State

Entity Name: TRIARCH INTERNATIONAL, INC.

Current Principal Place of Business:

1190 NW 159TH DR
MIAMI, FL 33169

New Principal Place of Business:

1190 NW 159TH DRIVE
MIAMI, FL 33169

Current Mailing Address:

1190 NW 159TH DR
MIAMI, FL 33169

New Mailing Address:

1190 NW 159TH DRIVE
MIAMI, FL 33169

FEI Number: 59-1465482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B ESQ.
100 WEST CYPRESS CREEK ROAD
SUITE 700
FT. LAUDERDALE, FL 33309 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGOVER, BERNARD,
Address: 10808 WHITEHAWK STREET
City-St-Zip: PLANTATION, FL 33324

Title: VP () Delete
Name: ROGOVER, HOWARD,
Address: 4811 SARAZEN DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: EVP (X) Delete
Name: LABELL, DAVID
Address: 13453 S.W. 42ND STREET
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: ROGOVER, BERNARD,
Address: 1190 NW 159TH DRIVE
City-St-Zip: MIAMI, FL 33169

Title: DSVP (X) Change () Addition
Name: ROGOVER, HOWARD,
Address: 1190 NW 159TH DRIVE
City-St-Zip: MIAMI, FL 33169

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BERNARD ROGOVER

DPT

01/26/2007

Electronic Signature of Signing Officer or Director

Date