

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 612422

**FILED**  
**Oct 13, 2005**  
**Secretary of State**

**Entity Name:** TRIDENT DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

175 FONTAINEBLEAU BLVD.  
SUITE 1-B  
MIAMI, FL 33172

**New Principal Place of Business:**

16100 SW 146TH CT.  
MIAMI, FL 33177

**Current Mailing Address:**

175 FONTAINEBLEAU BLVD.  
SUITE 1-B  
MIAMI, FL 33172

**New Mailing Address:**

16100 SW 146TH CT.  
MIAMI, FL 33177

**FEI Number:** 59-1918855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALENZANO, OMAIRA  
171 FOUNTAINEBLEU BLVD  
SUITE 1-B  
MIAMI, FL 33172 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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DOYLE, ALLAN  
Address: 175 FONTAINEBLEAU BLVD., 1-B  
City-St-Zip: MIAMI, FL 33172

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D (X) Change ( ) Addition  
Name: CHAGUACEDA, ORQUIDEA  
Address: 16100 SW 146TH CT.  
City-St-Zip: MIAMI, FL 33177

Title: S/D ( ) Change (X) Addition  
Name: GUERRA, NORBERTO  
Address: 14631 SW 161ST ST.  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Change (X) Addition  
Name: CHAGUACEDA, LUIS R  
Address: 16100 SW 146TH CT.  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Change (X) Addition  
Name: GUERRA, RITA M  
Address: 14631SW 161ST ST.  
City-St-Zip: MIAMI, FL 33177

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ORQUIDEA CHAGUACEDA

P/D

10/13/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date