

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 612422

FILED
Apr 20, 2006
Secretary of State

Entity Name: TRIDENT DEVELOPMENT CORPORATION

Current Principal Place of Business:

16100 SW 146TH CT.
MIAMI, FL 33177

New Principal Place of Business:

Current Mailing Address:

16100 SW 146TH CT.
MIAMI, FL 33177

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ORQUIDEA CHAGUACEDA

P/D

04/20/2006

Electronic Signature of Signing Officer or Director

_____ Date