


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # 612422 1. Entity Name TRIDENT DEVELOPMENT CORPORATION	
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Principal Place of Business 16100 SW 146TH CT. MIAMI, FL 33177	Mailing Address 16100 SW 146TH CT. MIAMI, FL 33177
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DO NOT WRITE IN THIS SPACE



02272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1918855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \$160.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CHAGUACEDA, ORQUIDEA 16100 SW 146TH CT. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GUERRA, NORBERTO 14631 SW 161ST ST. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAGUACEDA, LUIS R 16100 SW 146TH CT. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERRA, RITA M 14631 SW 161ST ST. MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/03/07-80020-002 150.00

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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: Orquidea Chaguaceda Orquidea Chaguaceda 2/27/07 (305) 254-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #