2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 612422

FILED Apr 21, 2009 Secretary of State

Entity Na	me: TRIDEN	T DEVELOPMENT CORPORA	TION		
Current Principal Place of Business:			New Principal Place of Business:		
16100 SW MIAMI, FL	/ 146TH CT. 33177				
Current Mailing Address:			New Mailing Address:		
16100 SW MIAMI, FL	/ 146TH CT. 33177				
FEI Number	: 59-1918855	FEI Number Applied For ()	FEI Number Not Applicable	le () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Add	dress of New Registered Agent:	
VALENZANO, OMAIRA 171 FOUNTAINEBLEU BLVD SUITE 1-B MIAMI, FL 33172 US			GUERRA, NOR 14631 SW 161 S MIAMI, FL 3317	ST	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its reg	egistered office or registered agent, or both,	
SIGNATURE: NORBERTO GUERRA				04/21/2009	
	Electro	onic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P/D (CHAGUACED 16100 SW 14 MIAMI, FL 33	6TH CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/D (GUERRA, NO 14631 SW 16 MIAMI, FL 33	1ST ST.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D (CHAGUACED 16100 SW 14 MIAMI, FL 33	6TH CT.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (GUERRA, RIT 14631SW 16 ² MIAMI, FL 33	IST ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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 **PRES** 04/21/2009