


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 684367
 1. Entity Name
TRINIDAD ENTERPRISES, INC.



Principal Place of Business Mailing Address
 18105 NE 19TH AVENUE 18105 NE 19TH AVENUE
 NORTH MIAMI BEACH FL 33162-1605 NORTH MIAMI BEACH FL 33162-1605



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
LUNA, LILANA J
2115 NE 182 ND STREET
MIAMI FL 33162

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRINIDAD, JOSÉ H.	
STREET ADDRESS	9725 TOMORROW COURT	
CITY-ST-ZIP	LAS VEGAS NV 89147-7252	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRINIDAD, MIGUEL H.	
STREET ADDRESS	2145 NE MIAMI GARDEN DR.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUNA, LILIANA J.	
STREET ADDRESS	2115 NE 182ND ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KLEIN, LILA	
STREET ADDRESS	1900 NE 186 TH DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000280963
03/30/05-80042-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Liliana J. Luna* **LILIANA J. LUNA** 3-11-2005 305 947-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #