


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

4. FEI Number **59-2028693** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

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 | | |

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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)(f), 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 #