


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # 684367 1. Entry Name TRINIDAD ENTERPRISES, INC.	
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Principal Place of Business 18105 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162-1605	Mailing Address 18105 NE 19TH AVENUE NORTH MIAMI BEACH FL 33162-1605
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-2028693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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. (Not if Registered Agent signature required when constituting.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TRINIDAD, JOSE H.	
STREET ADDRESS	17427 NW 66 COURT	
CITY- ST- ZIP	MIAMI FL 33015	
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	861 NE 182 STREET	
CITY- ST- ZIP	N. MIAMI BEACH FL 33162	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Liliana J. Luna* **LILIANA J. LUNA** S-D 02-12-08 305 947-5511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, 1st Month #