

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 684367

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** TRINIDAD ENTERPRISES, INC.

**Current Principal Place of Business:**

18105 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 331621605

**New Principal Place of Business:**

**Current Mailing Address:**

18105 NE 19TH AVENUE  
NORTH MIAMI BEACH, FL 331621605

**New Mailing Address:**

**FEI Number:** 59-2028693      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRINIDAD, JOSE H  
17427 N.W. 66CT.  
HIALEAH, FL 33015 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TRINIDAD, JOSE H.  
Address: 17427 NW 66 COURT  
City-St-Zip: HIALEAH, FL 33015 US

Title: VD  
Name: TRINIDAD, MIGUEL H.  
Address: 2145 NE MIAMI GARDEN DR.  
City-St-Zip: N. MIAMI BEACH, FL US

Title: SD  
Name: LUNA, LILIANA J.  
Address: 861 NE 182 STREET  
City-St-Zip: N. MIAMI BEACH, FL 33162 US

Title: TD  
Name: KLEIN, LILA  
Address: 1900 NE 186 TH DRIVE  
City-St-Zip: N MIAMI BEACH, FL US

I hereby 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 all other like empowered.

SIGNATURE: JOSE TRINIDAD

PD

03/13/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date