

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90093 045 \*\*\*150.00



**DOCUMENT # F02000001696**  
 1. Entity Name  
**TRIARCO ORGANIZATION, INCORPORATED**

Principal Place of Business: **134 MONMOUTH RD. MONROE TWP, NJ 08831**  
 Mailing Address: **777 S. FLAGLER DR., STE. 800, WEST TOWER WEST PALM BEACH, FL 33401**

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

03232005 Chg-P CR2E034 (10/03)  
 4. FEI Number: **22-3179922** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**



**6. Name and Address of Current Registered Agent**  
**LANDOLFI, JOE**  
**RUTHERFORD & MULHALL**  
**2600 N MILITARY TRAIL, 4TH FLOOR**  
**BOCA RATON, FL 33431-6348**

**7. Name and Address of New Registered Agent**  
 Name: **John M. Convery**  
 Street Address (P.O. Box Number is Not Acceptable): **777 S. Flagler Dr., Ste 800, West Tower**  
 City: **West Palm Beach** FL Zip Code: **33401**

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: **John M. Convery** DATE: **3/30/05**  
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**  
 9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPT	<input type="checkbox"/> Delete
NAME	<b>CONVERY, JOHN M</b>	
STREET ADDRESS	<b>777 S. FLAGLER DR., STE. 800 WEST TOWER</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Convery, John M.</b>	
STREET ADDRESS	<b>777 S. Flagler Dr., Ste 800 West Tower</b>	
CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>	
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 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: **John M. Convery, President** DATE: **3/30/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #