

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90218 004 \*\*\*150.00

<b>DOCUMENT # F03000002043</b>			
<b>1. Entity Name</b> TRICONT LOGISTICS COMPANY			
<b>Principal Place of Business</b> 241 SEVILLA AVENUE CORAL GABLES, FL 33134		<b>Mailing Address</b> P.O. BOX 149221 CORAL GABLES, FL 33114-9221	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P.O. BOX 149222	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Legal Dept.	
City & State		City & State CORAL GABLES, FL	
Zip	Country	Zip 33114-9222	Country U.S.A.
<b>4. FEI Number</b> 57-1162207		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b>	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)			
Signature, typed or printed name of registered agent and title if applicable.			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> DP	<b>NAME</b> EL-NAFFY, HANI	<input type="checkbox"/> Delete	<b>TITLE</b> V
<b>STREET ADDRESS</b> 241 SEVILLA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> VICENTE, MONICA
<b>TITLE</b> DV	<b>NAME</b> INSERRA, JOHN F	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 241 SEVILLA AVENUE
<b>STREET ADDRESS</b> 241 SEVILLA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134
<b>TITLE</b> DV	<b>NAME</b> MANCILLA, SERGIO	<input type="checkbox"/> Delete	<b>TITLE</b> D/V/CFO
<b>STREET ADDRESS</b> 241 SEVILLA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> INSERRA, JOHN
<b>TITLE</b> VS	<b>NAME</b> JORDAN, BRUCE A	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 241 SEVILLA AVENUE
<b>STREET ADDRESS</b> 241 SEVILLA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134
<b>TITLE</b> V	<b>NAME</b> SCHREIBER, DOUGLAS	<input type="checkbox"/> Delete	<b>TITLE</b> V
<b>STREET ADDRESS</b> 241 SEVILLA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b> SCHREIBER, DOUGLAS
<b>TITLE</b> TAS	<b>NAME</b> THOMPSON, PETER M	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 241 SEVILLA AVENUE
<b>STREET ADDRESS</b> 241 SEVILLA AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CITY-ST-ZIP</b> CORAL GABLES, FL 33134
<b>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.</b>			
<b>SIGNATURE:</b>		<b>DOUGLAS SCHREIBER</b> 4/24/04 305/520-8400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	