2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002043

241 SEVILLA AVENUE

SCHREIBER, DOUGLAS

241 SEVILLA AVENUE

CORAL GABLES, FL 33134

() Delete

Address:

Title:

Name:

Address:

City-St-Zip:

Entity Name: TRICONT LOGISTICS COMPANY

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	LA AVENUE ABLES, FL 33	134				
Current Mailing Address:			New Mailing Address:			
PO BOX 14 LEGAL DE CORAL GA		1149222				
FEI Number:	57-1162207	FEI Number Applied For ()	FEI Number Not Applic	able ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent					lew Registered Agent:	
1200 SOU	PORATION SYSTH PINE ISLA ON, FL 33324	ND ROAD				
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.						
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	ent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () EL-NAFFY, HAI 241 SEVILLA A CORAL GABLE	VENUE	Title: Name: Address: City-St-Zip:	D/P (X) EL-NAFFY, HAN 241 SEVILLA A CORAL GABLE	VENUE	
Title: Name: Address: City-St-Zip:	DVCF () INSERRA, JOH 241 SEVILLA A CORAL GABLE	VENUE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DV () MANCILLA, SE 241 SEVILLA A CORAL GABLE	VENUE	Title: Name: Address: City-St-Zip:	D/V (X) MANCILLA, SEI 241 SEVILLA A CORAL GABLE	VENUE	
Title: Name:	VS () JORDAN, BRU	Delete CF A	Title: Name:	V/S (X) JORDAN, BRUG	Change()Addition	

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip: Title: Title: () Delete VTAS (X) Change () Addition THOMPSON, PETER M THOMPSON, PETER M Name: Name: 241 SEVILLA AVENUE 241 SEVILLA AVENUE Address: Address: CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

241 SEVILLA AVENUE

MCGONIGLE, JOHN

241 SEVILLA AVENUE

CORAL GABLES, FL 33134

(X) Change () Addition

SIGNATURE: BRUCE A. JORDAN V/S 04/29/2005