
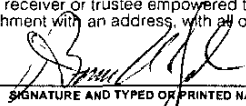


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90158 001 \*1,650.00

<b>DOCUMENT # F03000002044</b> 1. Entity Name <b>TRICONT HOLDING COMPANY</b>					
Principal Place of Business <b>241 SEVILLA AVENUE CORAL GABLES, FL 33134</b>			Mailing Address <b>P.O. BOX 149222 LEGAL DEPT CORAL GABLES, FL 33114-9222</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>57-1162213</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$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 Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P EL-NAFFY, HANI 241 SEVILLA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV/CFO CONTRERAS, RICHARD 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO INSERRA, JOHN F 241 SEVILLA AVENUE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SV Lazopoulos, Emanuel 241 Sevilla Avenue CORAL Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S JORDAN, BRUCE A 241 SEVILLA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	General Counsel JORDAN, Bruce A. 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAT VICENTE, MONICA 241 SEVILLA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/SV Rice, PAUL A. 241 Sevilla Avenue Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS THOMPSON, PETER M 241 SEVILLA AVENUE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AS Tenazas, Mannisa R. 241 Sevilla Avenue CORAL Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/AT CONTRERAS, RICHARD 241 Sevilla Avenue Coral Gables, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE:</b>  <b>Bruce A. Jordan - Secretary</b> <b>4/30/08</b> <b>305/520-8400</b>					