

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000003212

1. Entity Name
TRIUNFO SPECIALTY FOODS CORP.



Principal Place of Business
574 FERRY ST
NEWARK, NJ 07105

Mailing Address
574 FERRY ST
NEWARK, NJ 07105

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03082007 Chg-P CR2E034 (12/06)

4. FEI Number
74-3059389

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SEABRA, ANTONIO M
1071-1077 SW 30TH AVENUE
DEERFIELD BEACH, FL 33442

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SEABRA, ALBANO M
STREET ADDRESS 74 FERRY STREET
CITY-ST-ZIP NEWARK, NJ 07105

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
ANTONIO Seabra
574 Ferry St.
NEWARK, NJ 07105

Change Addition

TITLE VD
NAME SEABRA, ALBANO M
STREET ADDRESS 74 FERRY STREET
CITY-ST-ZIP NEWARK, NJ 07105

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
ALBANO Seabra
574 Ferry St.
NEWARK, NJ 07105

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07 (973)491-0399
Date Daytime Phone #

**FILED
Mar 19, 2007 8:00 am
Secretary of State**

03-19-2007 90090 042 ***150.00