


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F33201</b>	
1. Entity Name <b>TRIANGLE MANAGEMENT CORPORATION, INC.</b>	

Principal Place of Business <b>8315 W 20TH AVE PO BOX 4370 HIALEAH, FL 33014</b>	Mailing Address <b>8315 W 20TH AVE PO BOX 4370 HIALEAH, FL 33014</b>
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**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2091801</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MAEROFF, BERNARD 8315 W. 20TH AVE HIALEAH, FL 33014</b>
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consulting)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000123722 04/22/04-80016-014 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KITTAI, HELEN 8315 W. 20TH AVE. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KITTAI, HAROLD 8315 W. 20TH AVE. HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAEROFF, BERNARD 8315 W 20TH AVE HIALEAH, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 information.

<b>SIGNATURE:</b> 	<b>Harold Kittay</b>	<b>4/20/04 (305) 558-4310</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>