

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State **AN 30**

DOCUMENT # F42322					
1. Entity Name TRIDENT PROPERTIES, INC.					
Principal Place of Business 1000 HOLLAND DRIVE SUITE 5 BOCA RATON, FL 33487			Mailing Address 1000 HOLLAND DRIVE SUITE 5 BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01302006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2448182				☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SABGA, ASSAD 1000 HOLLAND DRIVE, SUITE 5 BOCA RATON, FL 33431			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, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD SABGA, ASSAD 6570 NW 39 TERR BOCA RATON, FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SABGA, SHARON 1451 24TH ST, APT. 272 DENVER, CO 80205	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABGA, KAREN 6570 NW 39TH TERRACE BOCA RATON, FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABGA, RYAN 1706 E. 8TH PLACE DENVER, CO 80208	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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.			U000000456471 03/16/06-80028-008 150.00		
SIGNATURE: <u>Assad Sabga</u>			2/16/05 (561) 998-5850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone		