


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90159 019 ***150.00

DOCUMENT # G36932	
1. Entity Name TRIANGLE REALTY CORP.	

Principal Place of Business 525 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BCH., FL 33401 US	Mailing Address 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BCH, FL 33401 US
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60032208




2. Principal Place of Business - No P.O. Box # 400 S. AUSTRALIAN AVE. Suite, Apt. #, etc. #300 City & State WEST PALM BEACH, FL Zip 33401 Country USA	3. Mailing Address 400 S. AUSTRALIAN AVE Suite, Apt. #, etc. #300 City & State WEST PALM BEACH, FL Zip 33401 Country USA
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01252008 Chg-P CR2E034 (12/06)


6. Name and Address of Current Registered Agent KOEPPPEL, JOEL P. 525 SOUTH FLAGLER DRIVE STE 200 WEST PALM BCH, FL 33401	
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7. Name and Address of New Registered Agent Name JOEL P. KOEPPPEL Street Address (P.O. Box Number is Not Acceptable) 400 S. AUSTRALIAN AVE, #300 City WEST PALM BEACH FL Zip Code 33401	
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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.</small>	DATE 3/18/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KOEPPPEL, JOEL P 525 SOUTH FLAGLER DRIVE, SUITE 200 W PALM BCH., FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 3/18/08 (541) 659-6455 <small>Daytime Phone #</small>