


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90029 034 ***150.00

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| DOCUMENT # H02832 |  |
| 1. Entity Name A. TRIGO & ASSOCIATES, INC. | |

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| Principal Place of Business 2223 TRADE CENTER WAY NAPLES FL 34109 US | Mailing Address 2223 TRADE CENTER WAY NAPLES FL 34109 US |
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|--|-----------------------------------|
| 2. Principal Place of Business - No P.O. Box # 2223 TRADE CENTER WAY | 3. Mailing Address SAME |
| Suite, Apt. #, etc. NAPLES | Suite, Apt. #, etc. |

| | |
|--------------------------------|-----------------------|
| City & State FLORIDA | City & State |
| Zip 34109 | Country USA |



1st MOORE CR2E034 (10/07)

| | | |
|---|---|---|
| 4. FEI Number 59-2430742 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |

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| 6. Name and Address of Current Registered Agent TRIGO, ANTONIO 2223 TRADE CENTER WAY NAPLES FL 34109 |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 N/A <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when removing agent)</small> | DATE 2/4/2008 |

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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| 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 | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| PTD TRIGO, ANTONIO 3281 25TH AVE. S.W. NAPLES FL 34117 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| VSD TRIGO, GAIL 3281 25TH AVE. S.W. NAPLES FL 34117 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
| | |
| 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"/> Change <input type="checkbox"/> Addition |
| | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **ANTONIO TRIGO, PRESIDENT** **2/4/08** **239-594-8448**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #