

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90281 045 ***150.00

DOCUMENT # H49622

1. Entity Name

TRISTAR TRADING, INC.



Principal Place of Business

AGGRO COASTLAND CENTER
1804 N. TAMiami TRAIL
NAPLES FL 34102
US

Mailing Address

AGGRO COASTLAND CENTER
1804 N. TAMiami TRAIL
NAPLES FL 34102
US

2. Principal Place of Business

AGGRO COASTLAND CENTER

Suite, Apt. #, etc.

1926 TAMiami TR. N.

City & State

NAPLES FLORIDA

Zip

34102

Country

COLIER

3. Mailing Address

AGGRO COASTLAND CENTER

Suite, Apt. #, etc.

1926 TAMiami TR. N.

City & State

NAPLES FLORIDA

Zip

34102

Country

COLIER



MOORE

CR2E034 (11/03)

4. FEI Number

65-0040745

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, MAHENDRA D.
1804 N. TAMiami TRAIL-AGGRO
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name

PATEL MAHENDRA D.

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

1926 TAMiami TRAIL N.

City

NAPLES

FL

Zip Code

34102

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

MAHENDRA D PATEL

4/7/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | PATEL, MAHENDRA D | |
| STREET ADDRESS | 1804 NO TAMiami TRAIL | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PATEL, USHA M | |
| STREET ADDRESS | 7534 CITRUS HILL LANE | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATEL, MAHENDRA D | |
| STREET ADDRESS | 1926 TAMiami TRAIL NORTH. | |
| CITY-ST-ZIP | NAPLES FLORIDA 34102 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 empowered.

SIGNATURE:

MAHENDRA D PATEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

239 435 7288

Date

Daytime Phone #