

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90033 040 ***158.75

| | | | | | |
|---|---|---------|---|---|--|
| DOCUMENT # H49622 1. Entity Name TRISTAR TRADING, INC. | | | | | |
| Principal Place of Business AGGRO COASTLAND CENTER 1804 N. TAMiami TRAIL N. NAPLES, FL 34102 US | | | Mailing Address AGGRO COASTLAND CENTER 1804 N. TAMiami TRAIL N. NAPLES, FL 34102 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 65-0040745 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PATEL, MAHENDRA D. 1926 TAMiami TRAIL N. NAPLES, FL 34102 | | | | 7. Name and Address of New Registered Agent Name USHA M. PATEL 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 <i>Usha Patel</i> DATE 2/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PATEL, MAHENDRA D <input checked="" type="checkbox"/> Delete 1926 TAMiami TRAIL NORTH NAPLES, FL 34102 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PATEL, USHA M <input type="checkbox"/> Delete 7534 CITRUS HILL LANE NAPLES, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition USHA M. PATEL 7534 CITRUS HILL LANE NAPLES, FL 34109 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRIYA M. PATEL 7534 CITRUS HILL LANE NAPLES, FL 34109 | |
| 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 | |
| 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 | |
| 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 | |
| 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: <i>Usha Patel</i> USHA PATEL | | | Date 2/18/05 Daytime Phone # 239-435-7288 | | |