

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L82529

1. Entity Name
TRINI AND MIMO CORPORATION



FILED
Feb 20, 2004 08:00 AM
Secretary of State

Principal Place of Business
7411 SABAL DRIVE
MIAMI LAKES, FL 33014

Mailing Address
7411 SABAL DRIVE
MIAMI LAKES, FL 33014



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--------------------------------|
| 4. FEI Number 65-0204682 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LLERA, TOMAS
7411 SABAL DRIVE
MIAMI LAKES, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000059292
02/20/04-80075-025 158.75

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P LLERA, TOMAS 7411 SABEL DR MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S LLERA, CORA 7411 SABEL DR MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP TAPIA, MARIA 6955 MAPLE TERRACE MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP TAPIA, TRINIDAD 6955 MAPLE TERRACE MIAMI LAKES, FL 33014 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: TOMAS LLERA 2-17-04 305 8227144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #