

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State



1st MOORE CR2E034 (10/04)

DOCUMENT # L82529				1. Entity Name TRINI AND MIMO CORPORATION	
Principal Place of Business 7411 SABAL DRIVE MIAMI LAKES FL 33014			Mailing Address 7411 SABAL DRIVE MIAMI LAKES FL 33014		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0204682 <input type="checkbox"/> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LLERA, TOMAS 7411 SABAL DRIVE MIAMI LAKES FL 33014			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

<p style="text-align: center;">FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/></p>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P LLERA, TOMAS	<input type="checkbox"/> Delete	TITLE	U00000323044	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7411 SABEL DR		NAME	04/22/05-80037-016 150.00	
STREET ADDRESS	MIAMI LAKES FL 33014		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S LLERA, CORA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7411 SABEL DR		NAME		
STREET ADDRESS	MIAMI LAKES FL 33014		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP TAPIA, MARIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6955 MAPLE TERRACE		NAME		
STREET ADDRESS	MIAMI LAKES FL 33014		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP TAPIA, TRINIDAD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6955 MAPLE TERRACE		NAME		
STREET ADDRESS	MIAMI LAKES FL 33014		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tomas Llera 4/22/05 305 8227144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #