
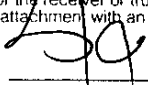


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90192 036 \*\*\*150.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0204682	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLERA, TOMAS		NAME		
STREET ADDRESS	7411 SABAL DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LLERA, CORA		NAME		
STREET ADDRESS	7411 SABAL DR		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAPIA, MARIA		NAME		
STREET ADDRESS	6955 MAPLE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAPIA, TRINIDAD		NAME		
STREET ADDRESS	6955 MAPLE TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		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 exemptions contained in Chapter 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: 		TOMAS LLERA		4-15-08 305 827144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

60036133



04062008 Chg-P CR2E034 (12/06)