

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001408

FILED
Apr 11, 2004
Secretary of State

Entity Name: TRINITY EMPOWERMENT CONSORTIUM, INC.

Current Principal Place of Business:

12519 SW 94 TER
MIAMI, FL 33186

New Principal Place of Business:

17623 HOMESTEAD AVE
MIAMI, FL 33157

Current Mailing Address:

PO BOX 836182
MIAMI, FL 33283

New Mailing Address:

FEI Number: 04-3606759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STEPHANYE
12519 SW 94 TER
MIAMI, FL 33186

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, STEPHANYE
Address: 12519 SW 94 TER
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: MARSHALL, KEVIN
Address: PO BOX 836182
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: GUEVARA, ANTHONY
Address: 300 NE 48TH ST
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCFARLANE, MARISSA
Address: PO BOX 836182
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: JOHNSON, DUANE
Address: 33 SUNDOWN DR
City-St-Zip: BELLPORT, NY 11713

Title: D () Change (X) Addition
Name: WOLFFE, DOROTHEA
Address: 4510 NW 168 TER
City-St-Zip: MIAMI GARDENS, FL 33055

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANYE JOHNSON

ED

04/11/2004

Electronic Signature of Signing Officer or Director

Date