

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001409

FILED  
Jan 16, 2011  
Secretary of State

Entity Name: TROJAN LACROSSE, INC.

**Current Principal Place of Business:**

612 NW 109TH TER  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

612 NW 109TH TER  
CORAL SPRINGS, FL 33071 US

**New Mailing Address:**

FEI Number: 20-2336646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LETIZIA, MAUDI  
612 NW 109TH TER  
CORAL SPRINGS, FL 33071 US

**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  
Name: LETIZIA, MAUDI  
Address: 612 NW 109TH TER  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D  
Name: VALERIOTI, PETER  
Address: 678 NW 110 AVE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D  
Name: VALERIOTI, BARBARA  
Address: 678 NW 110 AVE  
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: D  
Name: DAVIS, GALIA  
Address: 601 NW 109 TER  
City-St-Zip: CORAL SPRINGS, FL 33071 US

I hereby 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 all other like empowered.

SIGNATURE: MAUDI LETIZIA

D

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date