

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000912

FILED
Apr 29, 2009
Secretary of State

Entity Name: PALM BEACH TRINI CREW INC

Current Principal Place of Business:

160 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Principal Place of Business:

717 NORTH E ST
LAKE WORTH, FL 33460

Current Mailing Address:

160 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415

New Mailing Address:

717 NORTH E ST
LAKE WORTH, FL 33460

FEI Number: 20-5865401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAIMUNGAL, NOVYN
717 NORTH 'E' STREET
LAKE WORTH, FL 33460 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: P () Delete
Name: JAIMUNGAL, NOVYN
Address: 717 NORTH 'E' STREET
City-St-Zip: LAKE WORTH, FL 33460

Title: V.P () Delete
Name: SINGH, RANDY
Address: 3661 NEWPORT AVE
City-St-Zip: BOYNTON BEACH, FL 33436

Title: SEC () Delete
Name: MAHABIR, HENRY J
Address: 4715 WEYMOUTH ST
City-St-Zip: LAKEWORTH, FL 33463

Title: TR () Delete
Name: WOODS, GARY D
Address: 5284 BOSQUE LANE APT 49
City-St-Zip: W.P.B., FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NOVYN JAIMUNGAL

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date