

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N07000005932</b>					
<b>1. Entity Name</b> RESIDENCE DE LA TRINITE, INC.					
<b>Principal Place of Business</b> 4320 PINE RIDGE COURT WESTON, FL 33331			<b>Mailing Address</b> 4320 PINE RIDGE COURT WESTON, FL 33331		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> LAROCHELLE, GARY 137 NORTH STATE ROAD 7 PLANTATION, FL 33317				<b>7. Name and Address of New Registered Agent</b> Name: <u>GARY LAROCHELLE</u> Street Address (P.O. Box Number is Not Acceptable): <u>860 SOUTH FIG TREE LANE</u> City: <u>PLANTATION, FLORIDA</u> State: <u>FL</u> Zip Code: <u>33317</u>	
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>4/8/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>P</b> GILOT, YANICK 4320 PINE RIDGE COURT WESTON, FL 33331	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> GILOT, YANICK 4320 PINE RIDGE COURT WESTON, FL 33331	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	GARY LAROCHELLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 860 South FIG TREE LANE PLANTATION, FL 33317	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> GILOT, YANICK 4320 PINE RIDGE COURT WESTON, FL 33331	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>			4/6/08 (954) 349-6781		

FILED

08 APR 29 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04062008 Chg-NP CR2E037 (12/06)

37-1545989 Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAROCHELLE, GARY  
137 NORTH STATE ROAD 7  
PLANTATION, FL 33317

Name: GARY LAROCHELLE  
Street Address (P.O. Box Number is Not Acceptable): 860 SOUTH FIG TREE LANE  
City: PLANTATION, FLORIDA  
State: FL Zip Code: 33317

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4/8/2008

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Due by May 1, 2008

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Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

Make check payable to  
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SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR

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