2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2004 8:00 am Secretary of State DOCUMENT # N99000001315 1. Entity Name 04-12-2004 90321 040 ****66.25 TRIN TOC CULTURAL AND ATHLETIC ORGANIZATION. INC. Principal Place of Business Mailing Address 18200 N.W. 20TH AVENUE 18200 N.W. 20TH AVENUE 54031032 MIAMI FL 33056 MIAMI FL 33056 2. Principal Place of Business 3. Mailing Address 9748 NW 33RD GURT 19748 NW 33A COURT CR2E037 (11/03) MIAMI MIAMI City & State 4. FEI Number Applied For NO-T APPLICABLE LORIDA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, CASSIN 18200 N.W. 20TH AVENUE APT. #19 **MIAMI FL 33056** City Zip Code MIAMI 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. CASSIN SIGNATURE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required whi FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to m Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TAYLOR GASSIN TITLE ☐ Delete TITLE ☐ Change TAYLOR, CASSIN NAME NAME NW 33RD COURT 18200 N.W. 20TH AVENUE, APT, #19 STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP FLORIDA 33 TITLE ☐ Delete TITLE GOMEZ, FRANK NAME NAME 19415 N.W. 39TH AVE. STREET ADDRESS STREET ADDRESS **MIAMI FL 33055** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete KING ANN MARIE ☐ Change TITLE Addition KING, ANN MARIE NAME NAME 19748 N.W 33RD COURT 18200 N.W. 20TH AVENUE APT 19 STREET ADDRESS STREET ADDRESS MIAMI FL 33056 CITY-ST-ZIP CITY-ST-ZIP FLORIDA 3305 TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition 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 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 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. SIGNATURE:

FILED

Dautime Phone #