


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000041445  
1. Entity Name  
TRITON SERVICES, INC.



Principal Place of Business: 5300 SW 67TH AVENUE, MIAMI, FL 33155  
Mailing Address: 5300 SW 67TH AVENUE, MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**

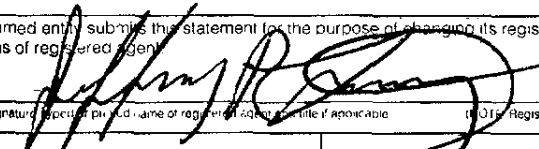


01072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-1016638 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LOVING, JEFFREY R  
5300 SW 67TH AVENUE  
MIAMI, FL 33155

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IN THIS SPACE**

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.  
SIGNATURE:  1/14/05  
Signature of person providing name of registered agent, if applicable (01) Registered Agent signature required when re-stating

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

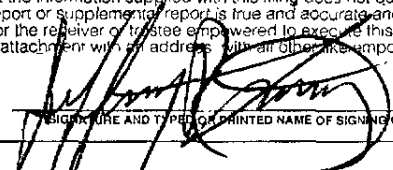
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NELSON, RICHARD
STREET ADDRESS	5300 SW 67TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOVING, JEFFREY R
STREET ADDRESS	5300 SW 67TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/21/05-80018-022 150.00

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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 607, 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:  President 1/14/05 305 667 5092  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #