## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Apr 22, 2008 8:00 am Secretary of State **DOCUMENT # P00000106756** 04-22-2008 90016 038 \*\*\*150.00 1. Entity Name TRIOS DESIGN, INC. Principal Place of Business Mailing Address **1626 HENDRICKS AVE** 1626 HENDRICKS AVE JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 Mailing Address Suite, Apt. # Stane as to left 04182008 Chg-P CR2E034 (12/06) 4. FEI Number Applied For ISONULU 59-3690856 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARLINE, BLUZETTE Street Add 11252 SOUTHINGTON PL JACKSONVILLE, FL 32257 8. The above named entity subprits 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE □ Defete TITLE ☐ Change ☐ Addition CARLINE, BLUZETTE M NAME NAME STREET ADDRESS 1743 PLANTATION OAKS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32223 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

FILED