2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
04-17-2007 90245 019 ***150.00

4/1

DOCUMENT # P01000002442

1. Entity Name
TRICONY MAITLAND CORP.

Principal Place of Business	Mailing Address
131 1/2 WORTH AVE, STE B-1 PALM BEACH, FL 33480	131 1/2 WORTH AVE, STE B-1 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

03222007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1065117
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~TORRES, MICHAEL~~ Tricony Florida Corp.
131 1/2 WORTH AVE, STE B-1
PALM BEACH, FL 33480

DO NOT WRITE 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 Rick Torres RICK TORRES President, Tricony Florida Corp. 4-5-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~T~~
NAME	TORRES, EDWARD
STREET ADDRESS	ONE NORTH BREAKERS ROW
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	President
NAME	Rick Torres
STREET ADDRESS	339 Seaspray Ave.
CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	Executive Vice Pres.
NAME	Michael Torres
STREET ADDRESS	225 Rysslyn Drive
CITY-ST-ZIP	West Palm Beach, 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 an address, with all other like empowered.

SIGNATURE: Rick Torres 4-5-07 (561)832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
RICK TORRES
President, TRICONY MAITLAND CORP.

155