04/27/2004 10:16 7325058307 JUMP, SCUTELLARO

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Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90343 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000028309

1. Entity Name
TRIANGLE CAPITAL PARTNERS, INC.

Principal Place of Business	Mailing Address
~~1970 NORTHEAST 118TH ROAD~~ ~~NORTH MIAMI, FL 33181~~ 7930 East Drive Slip 232 Miami FL 33141	C/O JOSEPH SCUTELLARO 12 LEXINGTON AVE TOMS RIVER, NJ 08754

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04272004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1086903
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIELMAN, GERALD ~~1970 NE 118TH RD.~~ ~~MIAMI, FL 33181~~ 7930 East Drive Slip 232 Miami FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $350.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPIELMAN, GERALD S 1970 NORTHEAST 118TH ROAD NORTH MIAMI, FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Spielman Gerald S. 7930 East Drive Slip 232 Miami FL 33141	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SAYEGH, MALEK 1970 NORTHEAST 118TH ROAD NORTH MIAMI, FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCUTALERRO, JOSEPH 12 LEXINGTON AVENUE TOMS RIVER, NJ 08754	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/29/04 3058937282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #