2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000042317

1. Entity Name

TRINISYSTEMS, INC.



FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90331 028 ***150.00

Country Zip Country S. Certificate of Status Desired S8.75 Additional Fee Required													
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Country Applied For Security S. Certificate of Status Desired \$8.75 Additional Fee Required Security Street Address of Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and acceptable of the obligations of registered agent. Signature primer name of registered agent. Signature primer name of registered agent. (NOTE Registered Agent agence required expent on the foliation of registered agent of both, in the State of Fiorida. I am familiar with, and acceptable primer name of registered agent. Signature primer name of	12220 SW 207TH STREET				12220 SW 207TH STREET								
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DAVID, KIRK D 12220 SW 207TH STREET MIAMIFL 33177 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and according to registered agent. SIGNATURE Signature May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OTTY-ST-2P TITLE NAME ITTLE NAME IT	Zip Country			Zip Coun			try	5. Certificate of Status Desired S8.75 Addi			ditional		
DAVID, KIRK D 12220 SW 207TH STREET MIAMIFL 33177 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and according to registered agent. SIGNATURE Signature May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OTTY-ST-2P TITLE NAME ITTLE NAME IT		6. Name a	nd Address of Curren	t Registere	ed Agent	•		7.	Name and Address of New R	Registered A	gent		7
Street Address (P.O. Box Number is Not Acceptable)							Name						7
MIAMI FL 33177 City FL Zip Code							Street Addres	s (P.O.		e)			1
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent. SIGNATURE 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, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP MACDONALD, TRACEY-ANN 12220 SW 207TH STREET MIAMI FL 33177 Delete NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP STREE													1
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the in	nformation supplied wit	h this filing		TITLE NAME STREE CITY-	ET ADDRESS ST-ZIP	Section	i 119.07(3)(i). Florida Statutes I		-	Addition	

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.