

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000049194

FILED
Apr 04, 2005
Secretary of State

Entity Name: TRYCO INVESTMENTS CORP.

Current Principal Place of Business:

11391 NW 37TH ST
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

11391 NW 37TH ST
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 65-1105673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTO, TRIANA M
11391 NW 37 ST.
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RESTO, TRIANA M
Address: 48 SIMONTON CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: GOMEZ, FRANCISCO E
Address: 48 SIMONTON CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RESTO, TRIANA M
Address: 11391 NW 37TH STREET
City-St-Zip: SUNRISE, FL 33323

Title: D (X) Change () Addition
Name: GOMEZ, FRANCISCO E
Address: 11391 NW 37TH STREET
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRIANA M. RESTO

D

04/04/2005

Electronic Signature of Signing Officer or Director

_____ Date