

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000050160

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: TRIPTILE DISTRIBUTORS, INC.

## Current Principal Place of Business:

6955 HANGING MOSS RD, SUITE 103  
ORLANDO, FL 32807

## New Principal Place of Business:

6955 HANGING MOSS RD,  
SUITE 103  
ORLANDO, FL 32807

## Current Mailing Address:

6955 HANGING MOSS RD, SUITE 103  
ORLANDO, FL 32807

## New Mailing Address:

6955 HANGING MOSS RD,  
SUITE 103  
ORLANDO, FL 32807

FEI Number: 59-3719847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, MICHAEL  
8064 CLOVERGLEN CIRCLE  
ORLANDO, FL 328188212 US

## Name and Address of New Registered Agent:

GIL, VIANKA E  
6955 HANGING MOSS RD,  
SUITE 103  
ORLANDO, FL 32807 US

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: VIANKA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MATOS, MANUEL M  
Address: 6995 HANGING MOSS RD, SUITE 103  
City-St-Zip: ORLANDO, FL 32807

Title: VD ( ) Delete  
Name: QUESADA, ARNALDO J  
Address: 6995 HANGING MOSS RD, SUITE 103  
City-St-Zip: ORLANDO, FL 32807

Title: VD ( ) Delete  
Name: COSS, MANUEL M  
Address: 6995 HANGING MOSS RD, SUITE 103  
City-St-Zip: ORLANDO, FL 32807

Title: SD ( ) Delete  
Name: COSS, KARINA M  
Address: 6995 HANGING MOSS RD, SUITE 103  
City-St-Zip: ORLANDO, FL 32807

Title: TD ( ) Delete  
Name: COSS, HAROLYN S  
Address: 6995 HANGING MOSS RD, SUITE 103  
City-St-Zip: ORLANDO, FL 32807

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ARNALDO

VD

04/29/2005

Electronic Signature of Signing Officer or Director

Date