

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P01000056885</b> 1. Entity Name <b>TRIANGLE FARMS, INC.</b>				<b>FILED</b> <b>05 NOV 18 PM 1:11</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2 SOUTH BISCAYNE BLVD., SUITE 3400</b> <b>MIAMI, FL 33131</b>		Mailing Address <b>2 SOUTH BISCAYNE BLVD., SUITE 3400</b> <b>MIAMI, FL 33131</b>			
2. Principal Place of Business <b>809 Douglas Road</b>		3. Mailing Address <b>809 Douglas Road</b>			
Suite, Apt. #, etc. <b>Suite 580</b>		Suite, Apt. #, etc. <b>Suite 580</b>			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>		10172005    Chg-P    CR2E034 (10/03)	
Zip <b>33134</b>		Country <b>US</b>		4. FEI Number <b>65-1115632</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>VALDES-FAULI CORPORATE SERVICES, INC.</b> <b>2 SOUTH BISCAYNE BLVD., SUITE 3400</b> <b>MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name <b>Registered Agent Corporate Services Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>809 Douglas Road, Suite 580</b>  City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>	
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 <b>President</b> 11/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 11/18/05--01053--013    **61.25			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MIRANDA, MARIO J 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MIRANDA, JORGE R 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE ARMAS, OSVALDO 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MIRANDA, CARLOS E 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VALDES-FAULI, RAUL E 2 S BISCAYNE BLVD STE 3400 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/21 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:     11/11/05    (786) 264 5343 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					