


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000056885

1. Entity Name
TRIANGLE FARMS, INC.



FILED
05 NOV 18 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
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2. Principal Place of Business 809 Douglas Road	3. Mailing Address 809 Douglas Road
Suite, Apt. #, etc. Suite 580	Suite, Apt. #, etc. Suite 580

10172005 Chg-P CR2E034 (10/03)

City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134	Country US
Zip 33134	Country US

4. FEI Number 65-1115632	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Registered Agent Corporate Services Inc.

Street Address (P.O. Box Number is Not Acceptable)
809 Douglas Road, Suite 580

City
Coral Gables **FL** Zip Code
33134

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 *M* **President** DATE **11/11/05**

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees **11/18/05--01053--013 **61.25**

Amended AR is \$61.25 **900061552549**

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	<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: *[Signature]* DATE **11/11/05** DAYTIME PHONE # **(786) 264 5343**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #