

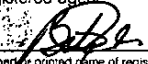
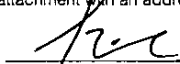


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90028 049 ***150.00

DOCUMENT # P01000056885					
1. Entity Name TRIANGLE FARMS, INC.					
Principal Place of Business 809 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134		Mailing Address 809 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134			
2. Principal Place of Business 806 Douglas Road		3. Mailing Address 806 Douglas Road			
Suite, Apt. #, etc. Suite 580		Suite, Apt. #, etc. Suite 580			
City & State Coral Gables, FL		City & State Coral Gables, FL		4. FEI Number 65-1115632	
Zip 33134		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENT CORPORATE SERVICES, INC. 809 DOUGLAS ROAD SUITE 580 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name REGISTERED AGENT CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 806 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 		DATE 1/24/06			
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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	DP MIRANDA, MARIO J. 806 DOUGLAS ROAD, Suite 580 CORAL GABLES, FL 33134 <input checked="" 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	DVT MIRANDA, JORGE R. 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" 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	VP DE ARMAS, OSVALDO 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134 <input checked="" 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	DS MIRANDA, CARLOS E. 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES FL 433134 <input checked="" 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		
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 exemptions contained in Chapter 119, 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: 		DATE 2/14/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			