



FILED
Mar 22, 2007 08:00 A
Secretary of State

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000056885 1. Entity Name TRIANGLE FARMS, INC.		
Principal Place of Business 806 DOUGLAS RD SUITE 580 MIAMI, FL 33134		Mailing Address 806 DOUGLAS RD SUITE 580 MIAMI, FL 33134
2. Principal Place of Business - No P.O. Box # Same	3. Mailing Address Same	
Suite, Apt. #, etc. Same	Suite, Apt. #, etc. Same	
City & State Coral Gables, FL		City & State Coral Gables, FL
Zip 33134	Country US	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. 806 DOUGLAS RD SUITE 580 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 DP	NAME MIRANDA, MARIO J	<input type="checkbox"/> Delete
STREET ADDRESS 806 DOUGLAS RD SUITE 580	CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DVT	NAME MIRANDA, JORGE R	<input type="checkbox"/> Delete
STREET ADDRESS 806 DOUGLAS RD SUITE 580	CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME DE ARMAS, OSVALDO	<input type="checkbox"/> Delete
STREET ADDRESS 808 DOUGLAS RD SUITE 580	CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	NAME MIRANDA, CARLOS E	<input type="checkbox"/> Delete
STREET ADDRESS 806 DOUGLAS RD SUITE 580	CITY-ST-ZIP CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete
CITY-ST-ZIP NAME	CITY-ST-ZIP NAME	<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 807, 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: 		Feb. 27/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Day/Time Phone #</small>



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