


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000071838	
1. Entity Name TRINITY AIRLINES (NIGERIA) LIMITED, INC.	

Principal Place of Business 2648 EVERGLADES DRIVE MIRAMAR, FL 33023	Mailing Address 2648 EVERGLADES DRIVE MIRAMAR, FL 33023
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54064211



2. Principal Place of Business 2648 EVERGLADES DRIVE Suite, Apt. #, etc. DRIVE	3. Mailing Address 2648 EVERGLADES DRIVE Suite, Apt. #, etc. DRIVE
City & State MIRAMAR, FLORIDA	City & State MIRAMAR, FLORIDA
Zip 33023	Country USA

07112004 Chg-P CR2E034 (10/03)

4. FEI Number 37-1422948		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent EZE, AUSTIN 2648 EVERGLADES DRIVE MIRAMAR, FL 33023		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EZE, AUSTIN 2648 EVERGLADES DRIVE MIRAMAR, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Augustine Eze July 19, 2004 (+971-50-770-2821)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #