## 2004 FOR PROFIT CORPORATION

## Apr 19, 2004 08:00 AM Secretary of State "ANNUAL REPORT **DOCUMENT # P01000081130** TROYA ENGINEERING & FABRICATION, INC. Principal Place of Business Mailing Address 1506 E 3RD AVE 1506 E 3RD AVE TAMPA, FL 33605 TAMPA, FL 33605 No Chg-P CR2E034 (10/03) 03252004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3742324 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TROYA, GIRALDO DO NOT WRITE 1506 E 3RD AVE TAMPA, FL 33605 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE NAME TROYA, GIRALDO 1506 E 3RD AVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33605 TITLE U00000120849 NAME 04/20/04-80027-003 150.00 STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SY-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

(813)248-2008

**FILED**