2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000093751

1. Entity Name

TRINIDAD U.S.A. CORPORATION



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90122 030 ***158.75

Principal Place of Business 11261 SW 184TH ST. MIAMI FL 33157		Mailing Address 11261 SW 184TH ST. MIAMI FL 33157				A		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		7	4. FEI Number 65-1143149		_ 	oplied For ot Applicable
Cour	ntry Zip	Zip Coun		!	5. Certificate of Status Desired		8.75 Add	ditional
6. Name and Address of Current Registered Agent				7	7. Name and Address of New R	egistered Aç	jent	
TRIBUCH, KENNETH H ESQ			Name Street Add	•				
L WAY, STE. 403	3	Street Address			7. Box Number is Not Acceptable	,		
3145								
			City			FL	Zip Cod	e
amed entity submit ns of registered ag	s this statement for the pur ent.	pose of changing its	registered office or re	gistered	agent, or both, in the State of Flo	rida. I am fa	miliar with,	and accept
gnature, typed or printed r	name of registered agent and title if ag	plicable. (NOTE	: Registered Agent signature	equired wh	en reinstating)	DATE		
May 1, 2003 Fee	will be \$550.00		<u></u>	•	, ,			0 May Be I to Fees
	OFFICERS AND DIRECTO	ORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND D	DIRECTOR	S IN 11
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	Cour 6. Name and Ad ENNETH H ESQ L WAY, STE. 403 3145 amed entity submit as of registered aga grature, typed or printed r E NOW!!! FEE fay 1, 2003 Fee Payable to Florid RINIDAD, ESTEL 1261 SW 184TH IIAMI FL 33157 RINIDAD, DIEGO 1261 SW 184TH	ce of Business at St. 1126 MIAN ce of Business at Country Country Country Country Cit Country Count	de of Business 3. Mailing Address etc. Sulte, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ENNETH H ESQ L WAY, STE. 403 3145 amed entity submits this statement for the purpose of changing its so fregistered agent. ENOW!!! FEE IS \$150.00 fay 1, 2003 Fee will be \$550.00 fayable to Florida Department of State OFFICERS AND DIRECTORS RINIDAD, ESTELA GARCIA M 1261 SW 184TH ST. IIAMI FL 33157 RINIDAD, DIEGO 1261 SW 184TH ST. IIAMI FL 33157 Delete Delete	A ST. 11261 SW 184TH ST. MIAMI FL 33157 Ce of Business 3. Mailing Address etc. Suite, Apt. #, etc.	A ST. 11261 SW 184TH ST. MIAMI FL 33157 Doe of Business 3. Mailing Address etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent ENNETH H ESQ L WAY, STE. 403 20145 City Armed entity submits this statement for the purpose of changing its registered office or registered spents of registered agent. (NOTE Registered Agent signature required with the flapplicable (NOTE Registered Agent	Suito, Apr. #, etc. CHECK HERE City & State 4. FET Number 65-1143149 Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New R ENNETH H ESQ Name and Address of Current Registered Agent 7. Name and Address of New R ENNETH H ESQ Street Address (P.O. Box Number is Not Acceptable 1145 City C	S. Mailing Address etc. Sulto, Apl. #, etc. Chry & State 4. FEP Number 65-1143149	is St. 1/26f Sw 194Th ST. MIAMI FL 33157 ce of Business 3. Mailing Address 6°C. Suite, Apt. #, etc. Check HeRe if MAKING CHANGES Cliy & State 4. FEI Number 65-1143149 All Amounts Country Zip Country 5. Certificate of Status Desired S8.75 Ad Fee Pequie 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nixme Nixme Nixme Nixme Not Acceptable Street Address (P.O. Box Number is Not Acceptable Street Address (P.O. Box Number is Not Acceptable WAY, STE. 403 Street Address (P.O. Box Number is Not Acceptable City FL Zip Cod Street Address of During is registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of Florids. It am familiar with, so of registered agent, or both, in the State of F

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

Daytime Phone #