

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000013361

1. Entity Name
TRIBECA FINANCIAL CORP.



Principal Place of Business
11730 A N DALE MABRY HWY
TAMPA, FL 33618

Mailing Address
4143 WEST WATERS AVE STE 189
TAMPA,

2. Principal Place of Business
5517 W. SLIGH

Suite, Apt. #, etc.
100

3. Mailing Address
5517 W. SLIGH

Suite, Apt. #, etc.
100

City & State
TAMPA, FL

City & State
TAMPA, FL

Zip
33634

Country
USA

Zip
33634

Country
USA

6. Name and Address of Current Registered Agent

MOUMNEH, RAMZY
11730 A NORTH DALE MABRY HWY
TAMPA, FL 33618

Name
Renno, Kamal

Street Address (P.O. Box Number is Not Acceptable)

5517 W. SLIGH AVE. #100

City
TAMPA

FL
Zip Code
33634

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$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

P
MOUMNEH, RAMZY
11730 A NORTH DALE MABRY HWY
TAMPA, FL 33618

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Renno, Kamal
5517 W. SLIGH AVE. #100
TAMPA, FL 33634

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 91010 022 ***150.00

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