

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027702

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: TRIANA INVESTORS CORPORATION

## Current Principal Place of Business:

59 LONE PINE  
HOMOSASSA, FL 34446 US

## New Principal Place of Business:

## Current Mailing Address:

59 LONE PINE  
HOMOSASSA, FL 34446 US

## New Mailing Address:

59 LONE PINE ST  
HOMOSASSA, FL 34446

FEI Number: 03-0403276

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRIANA, LARRY G  
59 LONE PINE  
HOMOSASSA, FL 34446 US

## Name and Address of New Registered Agent:

TRIANA, JANICE M  
59 LONE PINE  
HOMOSASSA, FL 34446 US

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.

SIGNATURE: JANICE M. TRIANA

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: TRIANA, LARRY G  
Address: 59 LONE PINE  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: ST ( ) Delete  
Name: TRIANA, JANICE M  
Address: 59 LONE PINE  
City-St-Zip: HOMOSASSA, FL 34446 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: TRIANA, JANICE M  
Address: 59 LONE PINE  
City-St-Zip: HOMOSASSA, FL 34446 US

Title: ST (X) Change ( ) Addition  
Name: TRIANA, LARRY G  
Address: 59 LONE PINE  
City-St-Zip: HOMOSASSA, FL 34446 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE M. TRIANA

DPST

03/25/2009

Electronic Signature of Signing Officer or Director

Date