

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90008 007 ***150.00

DOCUMENT # P02000075435					
1. Entity Name LA TRINACRIA, INC.					
Principal Place of Business POST OFFICE BOX 600711 MIAMI, FL 33160			Mailing Address POST OFFICE BOX 600711 MIAMI, FL 33160		
2. Principal Place of Business P.O. Box 20644 Suite, Apt. #, etc.		3. Mailing Address PO Box 20644 Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 51-0417571	
Zip 33622		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOTO, ALFONSO B 2750 NE 183 ST #1908 MIAMI, FL 33160				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 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST NAME NOTO, ALFONSO B STREET ADDRESS PO BOX 600711 CITY-ST-ZIP MIAMI, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS PO BOX 20644 CITY-ST-ZIP Tampa, FL 33622	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NOTO, PIETRO A STREET ADDRESS PO BOX 600711 CITY-ST-ZIP MIAMI, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS PO BOX 20644 CITY-ST-ZIP Tampa, FL 33622	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NOTO, JOSEPHINE V STREET ADDRESS PO BOX 600711 CITY-ST-ZIP MIAMI, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS PO BOX 20644 CITY-ST-ZIP Tampa, FL 33622	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME NOTO, ANTHONY M STREET ADDRESS POST OFFICE BOX 600711 CITY-ST-ZIP MIAMI, FL 33160	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS PO BOX 20644 CITY-ST-ZIP Tampa, FL 33622	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Alfonso Noto</i> Alfonso Noto 3-18-2004 813-249-0023					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					