

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000075435	
1. Entity Name LA TRINACRIA, INC.	

Principal Place of Business P.O. BOX 20644 TAMPA, FL 33622	Mailing Address P.O. BOX 20644 TAMPA, FL 33622
--	--

DO NOT WRITE IN THIS SPACE



02112005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0417571	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent NOTO, ALFONSO B 2750 NE 183 ST #1908 MIAMI, FL 33160	
---	--

**DO NOT WRITE
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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NOTO, ALFONSO B P.O. BOX 20644 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTO, PIETRO A P.O. BOX 20644 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTO, JOSEPHINE V P.O. BOX 20644 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTO, ANTHONY M P.O. BOX 20644 TAMPA, FL 33622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Alfonso Noto **4-16-05** **305-527-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #