


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 08:00 A
Secretary of State

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

Principal Place of Business 2523 ABDELLA STREET POMPANO BEACH, FL 33067	Mailing Address 2523 ABDELLA STREET POMPANO BEACH, FL 33067
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DO NOT WRITE IN THIS SPACE



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0417571	Applied For Not Applicable
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	DO NOT WRITE IN THIS SPACE
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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 _____

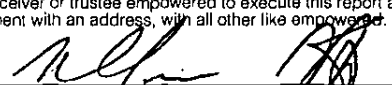
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST NOTO, ALFONSO 2523 AODELLA STREET POMPANO BEACH, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORO, PIERRO A 2523 ABDOLLEA STREET POMPANO BEACH, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTO, JOSEPHINE V 2523 ADOBELLA STREET POMPANO BEACH, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTO, ANTHONY M 2528 ABDOELLA STREET POMPANO BEACH, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/29/07-80001-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-26-07** **815-872-8283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #