

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90069 044 ***150.00

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**

2. Principal Place of Business - No P.O. Box #
2523 Abdella Street
Suite, Apt. #, etc.

3. Mailing Address
2523 Abdella St
Suite, Apt. #, etc.



01292008 Chg-P CR2E034 (12/06)

City & State
Tampa FL
Zip
33607
Country
USA

City & State
Tampa FL
Zip
33607
Country

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**

7. Name and Address of New Registered Agent

Name
Alfonso Noto
Street Address (P.O. Box Number Not Acceptable)
2523 Abdella St
City
Tampa FL Zip Code
33607

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

3-28-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
PST ☐ Delete
NAME
NOTO, ALFONSO
STREET ADDRESS
2523 AODELLA STREET
CITY-ST-ZIP
POMPANO BEACH, FL 33067

TITLE
D ☐ Delete
NAME
NORO, PIERRO A
STREET ADDRESS
2523 ABDOLLEA STREET
CITY-ST-ZIP
POMPANO BEACH, FL 33067

TITLE
D ☐ Delete
NAME
NOTO, JOSEPHINE V
STREET ADDRESS
2523 ADOBELLA STREET
CITY-ST-ZIP
POMPANO BEACH, FL 33067

TITLE
D ☐ Delete
NAME
NOTO, ANTHONY M
STREET ADDRESS
2528 ABDOELLA STREET
CITY-ST-ZIP
POMPANO BEACH, FL 33067

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PST ☒ Change ☐ Addition
NAME
Noto, Alfonso
STREET ADDRESS
2523 Abdella Street
CITY-ST-ZIP
Tampa FL 33607

TITLE
D ☒ Change ☐ Addition
NAME
Noto, Peter A.
STREET ADDRESS
2523 Abdella Street
CITY-ST-ZIP
Tampa FL 33607

TITLE
Noto, Josephine V ☒ Change ☐ Addition
NAME
2523 Abdella Street
STREET ADDRESS
Tampa FL 33607
CITY-ST-ZIP

TITLE
Noto, Anthony M ☒ Change ☐ Addition
NAME
2523 Abdella Street
STREET ADDRESS
Tampa FL 33607
CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-08

813-368-5944