2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075435

FILED
Apr 03, 2009
Secretary of State

Entity Name: LA TRINACRIA, INC.

Current Principal Place of Business:

2523 ABOLEELLA STREET
POMPANO BEACH, FL 33067

New Principal Place of Business:

2523 ABDELLA STREET
TAMPA, FL 33607

Current Mailing Address:

2523 ABOLEELLA STREET
POMPANO BEACH, FL 33067

New Mailing Address:

P.O. BOX 20644
TAMPA, FL 33622

FEI Number: 51-0417571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOTO, ALFONSO
2523 ABDELLA ST
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: ____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: NOTO, ALFONSO
Address: 2523 ABDELLO STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: NOTO, PETER A
Address: 2523 ABDELLA STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: NOTO, JOSEPHINE V
Address: 2523 ABDELLA STREET
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: NOTO, ANTHONY M
Address: 2523 ABDELLA STREET
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: NOTO, ALFONSO
Address: 2523 ABDELLA STREET
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALFONSO NOTO PST 04/03/2009

Electronic Signature of Signing Officer or Director Date