Amended

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 26 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000075435

1. Entity Name

LA TRINACRIA, INC

DO NOT WRITE IN THIS SPACE

300021279563
07/02/03--01071--019 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO Box 600711	PO Box 600711
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI, FL
Zip: 33160 Country: USA	Zip: 33160 Country: USA

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

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

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7. Name and Address of Current Registered Agent

Name: ALFONSO B NOTO
Street Address (P.O. Box Number is Not Acceptable): 2750 NE 193 STREET #1908
City: MIAMI FL Zip Code: 33160

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: X Alfonso B. Noto 6-19-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PST	TITLE	
NAME	ALFONSO B NOTO	NAME	
STREET ADDRESS	PO BOX 600711	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	ANTHONY M NOTO	NAME	
STREET ADDRESS	PO BOX 600711	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	JOSEPHINE V NOTO	NAME	
STREET ADDRESS	PO BOX 600711	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PIETRO A NOTO	NAME	
STREET ADDRESS	PO BOX 600711	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Alfonso B. Noto 6-19-03 (305) 527-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #