

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081997

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: TRIAD RESIDENTIAL MANAGEMENT CORP.

## Current Principal Place of Business:

6535 NOVA DRIVE, #106  
DAVIE, FL 33317

## New Principal Place of Business:

## Current Mailing Address:

6535 NOVA DRIVE, #106  
DAVIE, FL 33317

## New Mailing Address:

FEI Number: 52-2375272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONOUGH, BRIAN J  
2200 MUSEUM TOWER  
150 W FLAGLER ST  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

TRIAD HOUSING PARTNERS  
6535 NOVA DRIVE  
SUITE 106  
DAVIE, FL 33317 US

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: OLIVER PFEFFER

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: PFEFFER, OLIVER  
Address: 6535 NOVA DRIVE, #106  
City-St-Zip: DAVIE, FL 33317

Title: D ( ) Delete  
Name: SCHULTZ, DAVID  
Address: 6535 NOVA DRIVE, #106  
City-St-Zip: DAVIE, FL 33317

Title: D ( ) Delete  
Name: REICH, DAVID  
Address: 6535 NOVA DRIVE, #106  
City-St-Zip: DAVIE, FL 33317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: OLIVER PFEFFER

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date