2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000091985

City-St-Zip:

Entity Name: TRINITY CONSTRUCTION OF USA INC.

FILED Jul 30, 2007 Secretary of State

Current	Principal Place	e of Business:	New Principal P	ace of Business:
	V. 297TH STRI EAD, FL 33033			
Current M	lailing Addres	ss:	New Mailing Ad	dress:
	V. 297TH STRE EAD, FL 33033			
FEI Number	: 51-0422371	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Name and	d Address of C	Current Registered Agent:	Name and Addre	ss of New Registered Agent:
14925 S.W	A, JUANA M V. 297TH STRI EAD, FL 33033	EET 3 US		
		submits this statement for the	purpose of changing its regis	stered office or registered agent, or both,
III tile Stati	e of Florida.			
SIGNATUI				
	RE:	nic Signature of Registered Ag	jent	Date
SIGNATUI	RE:Electron	3(2)(b), F.S., the corporation did n		Date
SIGNATUI	RE:Electron	3(2)(b), F.S., the corporation did ng Trust Fund Contribution ().	not receive the prior notice.	Date NGES TO OFFICERS AND DIRECTOR
SIGNATUI	RE: Electron nce with s. 607.19 mpaign Financin S AND DIREC	3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS:) Delete ANA M 7TH STREET	not receive the prior notice.	
In accordan Election Car OFFICER Title: Name: Address:	RE: Electron nce with s. 607.19 mpaign Financin S AND DIREC D (LEDEZMA, JUA 14925 S.W. 29 HOMESTEAD,	(3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS:) Delete ANA M 7TH STREET FL 33033) Delete S 7TH STREET	not receive the prior notice. ADDITIONS/CHA Title: Name: Address:	ANGES TO OFFICERS AND DIRECTOR
In accordan Election Car OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	RE: Electron nce with s. 607.19 mpaign Financin S AND DIREC D (LEDEZMA, JUA 14925 S.W. 29 HOMESTEAD, O (LEDEZMA, LUI 14925 S.W. 29 HOMESTEAD,	(3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS:) Delete ANA M 7TH STREET FL 33033) Delete S 7TH STREET	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: D Name: LEDE: Address: 14925	ANGES TO OFFICERS AND DIRECTOR () Change () Addition

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.

City-St-Zip: HOMESTEAD, FL 33033

SIGNATURE: JUANA M LEDEZMA D 07/30/2007