

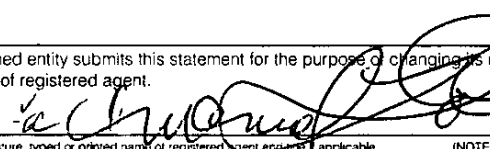
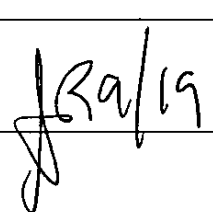
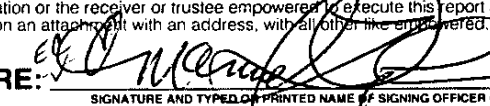


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000115814</b> 1. Entity Name <b>TRIPEX GROUP INC.</b>						<b>FILED</b> <b>05 SEP 19 PM 1:42</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5889 NW 74TH ST</b> <b>PARKLAND, FL 33062</b>				Mailing Address <b>5889 NW 74TH ST</b> <b>PARKLAND, FL 33062</b>			
2. Principal Place of Business <b>3590 NW 54 Street</b> Suite, Apt. #, etc. <b>Ste. 3</b>		3. Mailing Address <b>3590 NW 54 Street</b> Suite, Apt. #, etc. <b>Ste. 3</b>					
City & State <b>Ft. Lauderdale, FL</b>		City & State <b>Ft. Lauderdale, FL</b>		4. FEI Number <b>09132005 Chg-P CR2E034 (10/03)</b> <b>03-0493381</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DIAZ, XIOMARA</b> <b>5889 NW 74TH ST</b> <b>PARKLAND, FL 33067</b>				7. Name and Address of New Registered Agent Name <b>EMANUEL COHEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>3590 NW 54 Street</b> <b>Ste. 3</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip <b>33309</b>			
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:  <b>Sept. 14, 2005</b> <small>Signature, typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>DIAZ, XIOMARA</b> <input checked="" type="checkbox"/> Delete <b>5889 NW 74TH ST</b> <b>PARKLAND, FL 33067</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>COHEN, EMANUEL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3590 NW 54 Street, Ste. 3</b> <b>Ft. Lauderdale, FL 33309</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200059796692</b> <b>09/21/05--01002--004 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 				<b>EMANUEL COHEN, PRES.</b> <b>9/14/05 (954) 321-1600</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			