2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130965

City-St-Zip:

FT. LAUDERDALE, FL 33309

FILED May 05, 2009 Secretary of State

Entity Nar	ne: TRIUMPI	H TEMPS, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
100 WEST CYPRESS CREEK ROAD SUITE #1020 FT. LAUDERDALE, FL 33309					
	ailing Addre		New Mailing Address:	New Mailing Address:	
100 WEST CYPRESS CREEK ROAD SUITE #1020 FT. LAUDERDALE, FL 33309					
FEI Number:	30-0134959	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
BRANDES, MARC E ESQ. 4300 BISCAYNE BLVD. 305 MIAMI, FL 33137 US			1900	200 EAST BROWARD BLVD.	
The above in the State		submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE: LORI ADELSON				05/05/2009	
Electronic Signature of Registered Agent			gent	Date	
		3(2)(b), F.S., the corporation did r g Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ZEIKOWITZ, V 100 WEST CY) Delete VARREN PRESS CREEK ROAD ALE, FL 33309	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	ZEIKOWITZ, K 100 WEST CY) Delete ATHY PRESS CREEK ROAD ALE, FL 33309	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	ZEIKOWITZ, B) Delete ENSON PRESS CREEK ROAD	Title: (Name: Address:) 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:

SIGNATURE: WARREN ZEIKOWITZ P 05/05/2009