
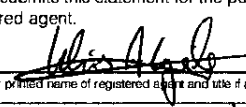
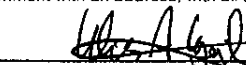


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90319 039 ***158.75

DOCUMENT # P03000004902 1. Entity Name TRIGONOPLANS GRAPHICS, INC.			
Principal Place of Business 1010 W 37 ST HIALEAH, FL 33012		Mailing Address 1010 W 37 ST HIALEAH, FL 33012	
2. Principal Place of Business 1085 W 27 STREET Suite, Apt. #, etc. 9		3. Mailing Address 1085 W 27 STREET Suite, Apt. #, etc. 9	
City & State HIALEAH, FLORIDA Zip 33010 Country USA		City & State HIALEAH, FLORIDA Zip 33010 Country USA	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, ULISES 1010 W 37 ST HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name GONZALEZ, ULISES Street Address (P.O. Box Number is Not Acceptable) 1085 W 27 STREET # 9 City HIALEAH FL Zip Code 33010	
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 <u></u> (NOTE: Registered Agent signature required when reinstating) DATE 4/15/04			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ULISES 1010 W 37 ST HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ULISES 1085 W 27 STREET # 9 HIALEAH, FL, 33010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VEGA, CLAUDIA 1010 W 37 ST HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VEGA, CLAUDIA 1085 W 27 STREET # 9 HIALEAH, FL, 33010 <input checked="" 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
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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: <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 4/15/04 Daytime Phone # 786 234 2435	