2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am

DOCUMENT # P0300004902 1. Entity Name TRIGONOPLANS GRAPHICS, INC.					Secretary of State 04-19-2004 90319 039 ***158.75					
Principal Plac	e of Business	Mailing Address								
1010 W 37 S HIALEAH, FL		موجد بدارة عد				<u> </u>		v = -		
110122741,12	33012	- HIALEAH, FL 33012			i (BETTRET III SE	ina kijik najik najil asili	i ir ir sta a	T Ö 1 3 111 ANNS 113	TÉBL IL IBSI	
Principal Place of Business 3. Mailing Address										
1085 W 27 STREET 1085 W 27 S Suite, Apt. #, etc. S Suite, Apt. #, etc.										
9					01262004	Chg-P	CR2E03	34 (10/03)		
City & Stat	LEAH, FLORIDA	City & State HIALEAH	FLORID	Д	4. FEI Number		•	10 10	plied For t Applicable	
² 33 c		Zip 33010	Country		5. Certificate of	Status Desired	×	8.75 Add	itional	
<u> </u>	6. Name and Address of Current F	<u> </u>	03/4		7. Name and A	ddress of New Re		<u>.</u>		
-CONZALE	7 1111656	•	Name	60	NZAL	E7 11	LISE	5 C		
1010 11 01				eet Address (P.O. Box Number is Not Acceptable)						
HIALEAH,	FL 33012	10	85	ul 97	CTDGG	- #	a			
				City HIALEAH FL Zin Code						
8. The above	named entity submits this statement for	the purpose of changing its re				in the State of Flo	rida. 1 am f		and accept	
	ions of registered agent.	1	3	3			,	,		
SIGNATURE Signature, typed or printed name of registered aleger and talls if applicable. (NOTE: Registered Agent signature required when renestating) DATE										
	Signature, typed or printed harre of registered again a	по ме паррякаое. (ноге. г	negistered Agent signatu	ie tedoveo	when rensamig)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	Election Campaign Trust Fund Contrib	~ —		00 May Be ed to Fees					
10.	OFFICERS AND I		11.	• ••	ADDITIONS/C	ANGES TO OFFI	CERS AND	DIRECTORS	2 (N. 11	
TITLE	DP	☐ Delete	TITLE	DP			CETIO AIND	Change	Addition	
NAME STREET ADDRESS	GONZALEZ, ULISES 1010 W 37 ST		NAME	60 N	EALGZ, UL 15 W Z7:	ists consuct #	9			
STREET ADDRESS CITY-ST-ZIP	HIALEAH, FL 33012		STREET ADDRESS CITY-ST-ZIP		ALEAH, F		•			
TITLE	DV	☐ Delete	TITLE	ÞΛ	-	•		☑ Change	Addition	
NAME STREET ADDRESS	VEGA, CLAUDIA 1010 W 37 ST		Name Street address		SA, CLAV		^			
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		5 W 27 !		બ	,		
TITLE		☐ Delete	TITLE	U LET	CEAN, 10	, ,,,,,,,,,		☐ Change	Addition	
NAME			NAME						1	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip				-			
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME CTREET ADDRESS			NAME			ŀ			ļ	
STREET ADDRESS CITY-ST-ZIP			street adoress city-st-zip					•	Ì	
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME Street address			name Street address							
CITY-ST-ZIP		•	CITY-ST-ZIP							
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET ADDRESS		 		<u> </u>	ِ مُعرف مدن حد		
City-St-ZiP	certify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	ed in Sec	ction 119 07/3V/A	Florida Statutes 1	further cert	ify that the in	formation	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my wered to execute this report as	signature shall he required by Cha	ive the soter 607	ame legal effect a , Florida Statutes;	s if made under o and that my name	ath; that I a	m an officer Block 10 or	or director Block 11 if	

changed, or on an attachment with an address, with all other like empowered.

4/15/04 7862342435