


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P03000016580</b> 1. Entity Name TRINITY BEEF, INC.	
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Principal Place of Business 3216 LITTLE ROAD NEW PORT RICHEY, FL 34655 US	Mailing Address 3216 LITTLE ROAD NEW PORT RICHEY, FL 34655 US
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**DO NOT WRITE IN THIS SPACE**

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 81-0778835	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVE STE 3000  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELODY, JAMES JR 5205 CARLSAJA DRIVE VALRICO, FL 33597
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSARO, JOSEPH J 6119 KINGBIRD MANOR LITHIA, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELODY, SEAN B 2504 OBRAPIA STREET TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O CONNOR, MATTHEW 13936 JACOBSON DRIVE ODESSA, FL 33356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000780406  
01/14/08-80020-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Matthew Connor 1/8/08 (727) 376-5550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #