

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047996

FILED
May 04, 2009
Secretary of State

Entity Name: TRINITY TITLE AGENCY, INC.

Current Principal Place of Business:

3412 WEST 84TH STREET
SUITE 102
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

3412 WEST 84TH STREET
SUITE 102
HIALEAH, FL 33018

New Mailing Address:

7850 NW 146TH STREET
423
MAIMI LAKES, FL 33016

FEI Number: 55-0828868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIL, FLAVIA
3412 WEST 84TH
SUITE 102
HIALEAH, FL 33018 US

Name and Address of New Registered Agent:

GIL, FLAVIA
7850 NW 146TH STREET
SUITE 423
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: FLAVIA GIL

05/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIL, FLAVIA
Address: 3412 WEST 84TH STREET SUITE 102
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: GIL, ALFREDO
Address: 3412 WEST 84TH ST #208
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: FLAVIA, GIL
Address: 3412 W. 84TH ST #102
City-St-Zip: HIALEAH, FL 33018

Title: D () Delete
Name: ALFREDO, GIL
Address: 3412 W. 84TH ST #102
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GIL, FLAVIA
Address: 7850 NW 146 STREET SUITE 423
City-St-Zip: MIAMI LAKES, FL 33016

Title: D (X) Change () Addition
Name: GIL, ALFREDO
Address: 7850 NW 146TH STREET SUITE
City-St-Zip: MIAMI LAKES, FL 33016

Title: D (X) Change () Addition
Name: FLAVIA, GIL
Address: 7850 NW146TH STREET SUITE 423
City-St-Zip: MIAMI LAKES, FL 33016

Title: D (X) Change () Addition
Name: ALFREDO, GIL
Address: 7850 NW 146TH SUITE 423
City-St-Zip: MIAMI LAKES, FL 33016

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.

SIGNATURE: FLAVIA C GIL

PRES

05/04/2009

Electronic Signature of Signing Officer or Director

Date