

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90007 044 ***150.00

DOCUMENT # P03000052782

1. Entity Name

TRINGO, INC.



Principal Place of Business

22313 VISTA LAGO DRIVE
BOCA RATON FL 33428

Mailing Address

22313 VISTA LAGO DRIVE
BOCA RATON FL 33428

2. Principal Place of Business

9060 KIMBERLY BLVD

Suite, Apt. #, etc.

SUITE 30

3. Mailing Address

22313 VISTA LAGO DR

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON FL

Zip

33434

Country

USA

Zip

33428

Country

USA

4. FEI Number

30-0179807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

MCRAE, MITCHELL T
6274 LINTON BOULEVARD
SUITE 100
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

JUDITH L. HADDAD

Street Address (P.O. Box Number is Not Acceptable)

22313 VISTA LAGO DR

City

BOCA RATON

FL

Zip Code

33428

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

Judith L. Haddad

JUDITH L. HADDAD

1/29/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HADDAD, JUDITH L	
STREET ADDRESS	22313 VISTA LAGO DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33428	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Judith L. Haddad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04

Date

561-488-1492

Daytime Phone #