2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052958

FILED Sep 02, 2006 Secretary of State

Entity Nam	ie: TRISTAF	MANAGEMENT CORP.			
Current Pri	incipal Place	e of Business:	New Principal Place o	of Business:	
P.O. BOX 6 POMPANO	11492 BEACH, FL	33061			
Current Ma	iling Addre	ss:	New Mailing Address	New Mailing Address:	
P.O. BOX 6 POMPANO	11492 BEACH, FL	33061			
FEI Number: 2	20-0022043	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
SATOYA, A 5185 NE 19 POMPANO	AVE	US	AMOS, JENNIFER 5185 NE 19 AVE POMPANO, FL 33068	US	
The above r in the State	named entity of Florida.	submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: JENNIFE	R AMOS		09/02/2006	
Election Cam		nic Signature of Registered A g Trust Fund Contribution().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	NOEL, JASON P.O. BOX 6114) Delete 192 ACH, FL 33061	Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	NOEL, PHINOL P.O. BOX 6114		Title: (Name: Address: City-St-Zip:)Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON NOEL Ρ 09/02/2006