2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000054005

1. Entity Name
TRIARC CONSTRUCTION CORP.



Apr 05, 2007 8:00 am Secretary of State 04-05-2007 90138 003 ***150.00

FILED

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Principal Place of Business Mailing Address							4.00	- 0 0 0 c				
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2. Principal Place of Business - No P.O. Box #			3. Maling Address					I BRIKK IIII KREI KRIE DI	\$ 	8)) 85 #8 8 6		
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Suite, Apt. #, etc.			Suite. Apt. #, etc.				03132007	Chg-P	CR2E0	34 (12/06)		
City & State			City & State	City & State			4. FEI Numb			Ap	plied For	
							04-375	8517		No	t Applicable	
Zip Country		Zip Countr		untry		5. Certificate of Status Desire			\$8.75 Add	litional		
							5. Cermicale	of Status Desired		Fee Require		
	6. Name	and Address of Curren	t Registered Agent	Registered Agent			7. Name and Address of New Registered Agent					
o. Hama and Add of the						Name						
SOTOLONGO, JORGE												
8360 W. FLAGLER STREET				Street Addre			ss (P.O. Box Number is Not Acceptable)					
SUITE 110		JINEET										
MAMI, FL 33140												
長 飛う				City				FL	Zip Cod	e		
r .	N-			1								
8. The above named exit 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.												
1. + · · · · · · · · · · · · · · · · · ·												
\$IGNATURE	Signature, type	ourinted name of registered age:	of and title if andicable	(NOTE Besisti	ered Agent signatu	re required	(when reinstating)		DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1/2007 Feb will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
After Ma	ay 7 (209	Fee will be \$550	0.00 Hust F	and Contributio	···.	Aug	ed to rees					
10.	\leftarrow	OFFICERS ANI	D DIRECTORS	1	1.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
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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:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR