

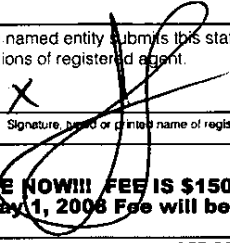
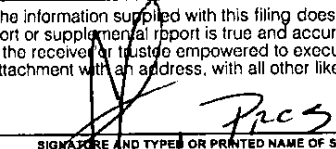


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90095 041 \*\*\*158.75

<b>DOCUMENT # P03000054005</b> 1. Entity Name <b>TRIARC CONSTRUCTION CORP.</b>					
Principal Place of Business <b>8360 W. FLAGLER STREET SUITE 110 201 MIAMI, FL 33140</b>			Mailing Address <b>8360 W. FLAGLER STREET SUITE 110 201 MIAMI, FL 33140</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>601 Brickell Key Drive</b> Suite, Apt. #, etc. <b>Suite # 507</b>			
City & State  Zip                      Country		City & State <b>Miami, Florida</b> Zip                      Country <b>33131                      USA</b>		4. FEI Number <b>04-3758517</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SOTOLONGO, JORGE 8360 W. FLAGLER STREET SUITE 110 MIAMI, FL 33140</b>			7. Name and Address of New Registered Agent Name <b>IAG Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 Brickell Key Drive</b> Suite #507 City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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					
<b>FILE NOW!!! FEE IS \$150.00 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>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTOLONGO, JORGE 8360 W. FLAGLER STREET, SUITE 110 MIAMI, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILLIPS, RICHARD 8360 W. FLAGLER STREET, SUITE 110 MIAMI, FL 33140	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
<b>SIGNATURE:</b> 					<b>(305) 371-9213</b>
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date                      Daytime Phone #
<b>Jorge Sotolongo, President</b>					