


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90008 042 \*\*\*150.00

**DOCUMENT # P03000063857**

1. Entity Name  
**TRIANGLE MARKETING, INC.**



Principal Place of Business  
**13048 S.W. 88TH LANE  
 MIAMI, FL 33186**

Mailing Address  
**13048 S.W. 88TH LANE  
 MIAMI, FL 33186**

40047000

2. Principal Place of Business - No P.O. Box #  
**10930 SW 141 Ave**

3. Mailing Address  
**10930 SW 141 Ave**

Suite, Apt. #, etc.



03092008 Chg-P CR2E034 (12/06)

City & State  
**Miami FL**

City & State  
**Miami, FL**

Zip  
**33186**

Country  
**USA**

4. FEI Number  
**20-0034642**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GUZMAN, HUGO R  
 13048 S.W. 88TH LANE  
 MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GUZMAN, HUGO R MR. 13048 S.W. 88TH LANE MIAMI, FL 33186 <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	COO MAYKEL, MEDINA 10930 S.W. 141 AVENUE MIAMI, FL 33186 <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.

SIGNATURE:  DATE: **3/12/08** DAYTIME PHONE: **305 213 5256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR