

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000074209

Entity Name: IMPRESOS TRILIP, INC.

FILED
Mar 05, 2006
Secretary of State

Current Principal Place of Business:

2146 POLO GARDENS DR.
APT 204
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2146 POLO GARDENS DR.
APT. 204
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-0074788

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANIA SOSA, ROSI E RA
2146 POLO GARDENS DR.
APT. 204
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALFARO JONES, ABELARDO J
Address: 2146 POLO GARDENS DR. # 204
City-St-Zip: WELLINGTON, FL 33414

Title: V () Delete
Name: NANIA SOSA, ROSI E
Address: 2146 POLO GARDENS DR. # 204
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: GONZALEZ DEL C., MARGARITA
Address: 2146 POLO GARDENS DR. # 204
City-St-Zip: WELLINGTON, FL 33414

Title: M () Delete
Name: HERNANDEZ M., JOSE L
Address: 2146 POLO GARDENS DR # 204
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ABELARDO J. ALFARO JONES

PRES

03/05/2006

Electronic Signature of Signing Officer or Director

Date