SEP.30.2001 5:59AM TAX SOLUTIONS

FILED
Jun 18, 2004 8:00 am
Secretary of State

05-03-2004 91008 044 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/200

DOCUMENT # P03000079855

1. Entity Name
TRINITY JET, INC.

Principal Place of Business
1147 HILLSBORO MILE, UNIT 2095
HILLSBORO BEACH, FL 33062

Mailing Address
1147 HILLSBORO MILE, UNIT 2095
HILLSBORO BEACH, FL 33062

04282004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 401 N.E. Mizner Blvd
Suite, Apt. #, etc.: 609T
City & State: Boca Raton, FL
Zip: 33432 Country: USA

3. Mailing Address: 401 N.E. Mizner Blvd
Suite, Apt. #, etc.: 609T
City & State: Boca Raton, FL
Zip: 33432 Country: USA

4. FEI Number: 81-0630383 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GOLDSTEIN, MARK B
2700 N MILITARY TRAIL, STE 130
BOCA RATON, FL 33431

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 Toni Huddleston 4-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUDDLESTON, TONI 1147 HILLSBORO MILE, UNIT 2095 HILLSBORO BEACH, FL 33062	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Huddleston, Toni 401 NE Mizner Blvd 609T Boca Raton FL 33432	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Toni Huddleston 5-29-04 561-866-7645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Toni Huddleston