

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-13-2004 90020 041 ***150.00

DOCUMENT # P03000130352			
1. Entity Name TRINIDAD INTERNATIONAL ENTERPRISES, INC.			
Principal Place of Business 8310 MILLS DRIVE MIAMI, FL 33183		Mailing Address 8310 MILLS DRIVE MIAMI, FL 33183	
2. Principal Place of Business 8310 MILLS DRIVE		3. Mailing Address 8310 MILLS DRIVE	
Suite, Apt. #, etc. MIAMI		Suite, Apt. #, etc. MIAMI	
City & State FLORIDA		City & State FLORIDA	
Zip 33183	Country USA	Zip 33183	Country USA
6. Name and Address of Current Registered Agent GUAJARDO, LUIS 8310 MILLS DRIVE MIAMI, FL 33183		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 LUIS GUAJARDO PRESIDENT DATE 4/7/04 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, 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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUAJARDO, LUIS 8310 MILLS DRIVE MIAMI, FL 33183 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELOU, ELIZABETH 8310 MILLS DRIVE MIAMI, FL 33183 ☐ 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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: LUIS GUAJARDO		Date 4/7/04 Telephone (305) 596-0086	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Telephone	

EIN: 57-1174081



04072004 Chg-P 1194081 CB2E034 (10/03)

4. FEI Number **23-8013014307-4** Applied For ☐ Not Applicable ☐

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