


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000138137

1. Entity Name
LE TRIANON CORP.



FILED

06 APR 20 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/06

Principal Place of Business Mailing Address

**7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US**

**7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156 US**

2. Principal Place of Business 3. Mailing Address

2745 Brickell Court **2745 Brickell Court**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33129 **USA** **33129** **USA**

EP



03/1/05 90081 018 \$150.00

04132006 REIN-P CR2E098 (11/05)

4. FEI Number Applied For

20-4630323 Not Applicable

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

6. Name and Address of Current Registered Agent

**SALAZAR, GERMAN A
7700 NORTH KENDALL DRIVE
SUITE 809
MIAMI, FL 33156**

7. Name and Address of New Registered Agent

Name **Claudio Giardinella**

Street Address (P.O. Box Number is Not Acceptable) **2745 Brickell Court**

City **Miami** FL Zip Code **33129**

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: *Claudio Giardinella* **Claudio Giardinella** **4/13/06**

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

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GIARDINELLA, BEATRIZ <input checked="" type="checkbox"/> Delete 7700 NORTH KENDALL DRIVE, SUITE 809 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT GIARDINELLA, CLAUDIO <input type="checkbox"/> Delete 7700 NORTH KENDALL DRIVE, SUITE 809 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Anna P. de Giardinella 2745 Brickell Court Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Claudio Giardinella 2745 Brickell Court Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Claudio Giardinella* **Claudio Giardinella** **4/13/06** **786-357-2170**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #