P5182

9/9/2004-90008-006-\$150.00-\$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

2	:004 I	FOR PROFITANNUAL	CORPORAT	ΓΙΟ	N	-	F) : 4			
DOCUMENT # P03000149422 1. Entity Name TRINITY U.S.A. INTERNATIONAL INC.							Oh O	OT - I PROPERTY OF AHASSEE	SINT FLOR	E IDA		
Principal Place 238 WILSHIR SUITE 153 CASSELBERR	E BLVD		Mailing Address 238 WILSHIRE BLVD SUITE 153 CASSELBERRY, FL 32707				1816	r i t irum ut u ll 121	ii Bi Pil Reja rilli	ITRI IR IOTI		
2. Principal Place of Business 3. Mailing Address												
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			08312004	Chg-P	CR2E03	34 (10/03)			
City & State	9		City & State			4. FEI Numbe	51 -049	3242	1 	plied For I Applicable		
Zip	o Country		Zip Cour		ntry		5. Certificate	of Status Desired		\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
LOBO, SCINTHIA SHERYL 238 WILSHIRE BLVD SUITE 153					Street Address (P.O. Box Number is Not Acceptable)							
CASSELBERRY, FL 32707						City FL Zip Code						
	named entiti ions of regis		r the purpose of changing its	register	ed office or r	egister	ed agent, or bot	n, in the State of F		amiliar with,	and accept	
SIGNATURE_	Signature, hyped	or printed name of registered agent	and life it applicable. (NOTE	Pegisler	rd Agent signalure	e required	(when reinstating)		DATE			
FILE NOW!!! FEE IS \$550.00 9. Election Campaign Trust Fund Contribu						\$5. Add	.00 May Be ed to Fees					
10.	P	OFFICERS AND	DIRECTORS Dejets	11.			ADDITIONS/	CHANGES TO OF		DIRECTORS Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	LOBO, SCINTHIA SHERYL 238 WILSHIRE BLVD SUITE 153			MAA. Str					•	C) crasp		
TITLE HAME STREET ADDRESS							· · · · · · ·		_	Change	Addition	
CITY-ST-ZIP TITLE NAME	Delete TIT				Æ					Change	☐ Addition	
CITY-ST-ZIP			و محجوزينو بدر برد		FET ADDRESS		مختفي دريا				دد	
TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Ociete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete	CIT	ME REET ACORESS Y-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 impowered 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: SIGNATURE: SIGNATURE OF SIGNAL OFFICER OF DIRECTOR DIRE												

Attach ment 24084095

Pg Lyz

25 August 2004

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Trinity-USA-International, Inc. DOC: P03000149422

Dear Sir or Madam:

Pertaining to Trinity USA International, Inc., we would like to file our Annual Report for 2004. However, we had not received any correspondence regarding this form, and did not understand the process or the requirements.

Please accept our check for \$150.00 as our filing fee for 2004.

Thank you for your attention to this matter.

Sincerely, Trinity USA International, Inc.

Scinthia Sheryl Lobo