

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000154640

1. Entity Name
TRIPLE ASSET DEVELOPMENT CORP.



**FILED
Feb 13, 2006 8:00 am
Secretary of State**

02-13-2006 90032 009 ***150.00

40010 -



02102006 Chg-P CR2E034 (11/05)

Principal Place of Business
8514 NW 165 TERR
MIAMI LAKES, FL 33016

Mailing Address

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State

Country

Country

4. FEI Number
34-1976565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CORPORATE REGISTRY
1925 BRICKELL AVENUE SUITE D206
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name JOSE FERRER

Street Address (P.O. Box Number is Not Acceptable)

8514 NW 165 TERR

City MIAMI LAKES FL Zip Code 33016

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

Signature typed or printed name of registered agent and title if applicable.

JOSE FERRER

2-10-06

DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 JOSE, FERRER C 8514 NW 165 TERR MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

2-10-06 (305)827-4220

Date

Daytime Phone #