

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # P04000031942	
1. Entity Name TRICOM MANAGEMENT PROPERTIES & INVESTMENTS CORP.	
Principal Place of Business 3140 S. OCEAN DR., #1704 HALLANDALE, FL 33009	Mailing Address 3140 S. OCEAN DR., #1704 HALLANDALE, FL 33009



05042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2127583	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIAZ, OMAR
3140 S. OCEAN DR., #1704
HALLANDALE, FL 33009**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reconstituting)

DATE: **05/04/07**

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000762588
05/29/07-00016-014 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELTRAN, DIANA 3140 S. OCEAN DR., #1704 HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIAZ, OMAR 3140 S OCEAN DR #1704 HALLANDALE, FL 33009
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date: **05/04/07**

Daytime Phone #