

2010 FOR PROFIT CORPORATION ANNUAL REPORT



FILED

10 APR 30 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #				1. Entity Name PO4000037127 TRI-Eagle ATM INC.	
Principal Place of Business		Mailing Address			
1705 San Damian Rd Tall, FL, 32303		Same		400180066564 05/03/10--01016--018 *\$150.00	
2. Principal Place of Business - No. P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tall FL		City & State			
Zip FL	Country Leon	Zip 32303	Country US	4. FEI Number 20-0814836	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Mohamed Nabulsi 1705 San Damian Rd Tall, FL, 32303				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 Mohamed Nabulsi				DATE 4-30-10	
FILE NOW!!! FEE IS \$150.00 After May 1, 2010 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)		
TITLE	President Merhie Nabulsi Tall, 3 1705 San Damian Rd FL 32303		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	VT Farhat Agaf A		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS	1705 San Damian Rd Tall, FL, 32303		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	SEC. Mohamed Nabulsi 1705 San Damian Rd Tall, FL, 32303		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE			TITLE		
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: Mohamed Nabulsi				DATE: 4-30-10	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 28TH APR 30 PM 1:31
 NOT ATTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING