2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000038421

1. Entity Name

SIGNATURE:

TRIESTE REAL ESTATE CORP.



FILED Feb 25, 2008 08:00 AM Secretary of State

| Principal Plac | e of Business | | Mailing Address | | | | | | | |
|---|----------------------------|-----------------------------|---------------------------------|----------------|--|--------------------------|--|---|-------------|------------------|
| 150 BRADLE | EY PLACE | | 150 BRADLEY PLACE | | | | | | | |
| #904 PALM BEACH FL 33480 | | | #904 PALM BEACH FL 33480 | | | | | | | |
| US | | | US | | | <u> </u> | | | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | | " | ###################################### | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 1: | 1st MOORE CR2E034 (10/07) | | | |
| City & State | | | City & State | | | 4. FEI Numi | 4. FEI Number 32-0108194 Applied For Not Applicable | | | |
| Zip | Country | | Z:p | Z:p Country | | 5. Certificat | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name an | d Address of New Re | gistered Age | nt | |
| | | | | | Name | | | | | |
| KUF | HARCIK, JOSE | PH ESQ. | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | 1 THE PLAZA | | | | | | | | | |
| SING | GER ISLAND | FL 334U4 | | | | | | | | |
| | | | | | 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. Familiar with, and accept the obligations of registered agent. | | | | | | | | | | |
| | | | | | | | | | | |
| SIGNATURE . | Signature, typed or printe | neps beselv participeral be | rt and the Europeacie. (NO) | E Registere | od Acord eignature re | quired when reinstating) | | DATE | | |
| 7.0 4 5 6 F | ii e riomii ee | | This was | | | | 1 | | | |
| FILE NOW!!! FEE IS \$150.00 | | | | | | | 9. Election Campai | gn Financing | \$5.0 | 00 May Be |
| After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | | | | Trust Fund Contr | ibution. 🔲 | Adde | d to Fees |
| 70. | t a leaf making and a | OFFICERS AND | 3.45 A.1 | 11. | | ADDITIONS | | EDS AND DI | PECTOR | 2 IN 11 |
| TITLE | D | OFFICERS AIVE | Delete | TITE | | AIJUHUUS | TOTANGES TO OFFIC | | Change | Addition |
| NAME | LOMBARDI, GUI | IDO G | LLJ Derete | NAN NAN | | | | L | Change | |
| STREET ADDRESS | 150 BRADLEY P | | STRE | | EE! ADDRESS | | | | | |
| CITY-ST-713 | PALM BEACH F | L 33480 | | | '-ST-ZIP | | #00000835901 02/29/08-80052-02© \$@& 0© Addition | | | |
| TITLE. | | | . Delete | . Delete TITLE | | | 02/29/08-80 | 052-02 0 | Orlande i | Addition |
| NAME | | | NAIM | | IE | | | | | |
| STREET ADDRESS | RESS | | SI | | FFT ADDRESS | | | | | |
| CITY-ST-ZIP | , | | CITY | | -ST-ZIP | | _ | | | |
| TITLE | | | ☐ Delete | TITL | E | | | |) Change | Addition |
| NAME | 1 | NA . | | | | | | | | |
| STREET ADDRESS | Ì | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | '-ST-ZIP | | | . <u> </u> | | |
| 10LE | | • | Delete | TITL | 1 | | | _ | Change | Addition |
| NAME STREET ADDRESS | | | | MAM | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | -ST-ZIP | | | | | |
| TOTALE | | | ☐ Delete | TITL | | | | | Change | ☐ Addition |
| NAME | | | DGIGIB | NAM | i | | | L | Onango | nagmon |
| STREET ADDRESS | | | | | EFT ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY | -ST-ZIP | | | | | |
| TITLE | | | ☐ Delete | TITL | Ε | | | | Change | Addition |
| NAME | | | | NAM | Æ j | | | | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | CITY | '-ST-ZIP | | | | | |
| 12. I hereby | certify that the info | rmation supplied w | th this filing does not qualify | for the e | xemptions cont | tained in Section 1 | 19, Florida Statutes. I f | urtner certify | that the in | nformation |
| 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. | | | | | | | | | | |