2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# P04000045666

Entity Name: TRIANGLE PROFESSIONAL BUILDING CORP.

Current Principal Place of Business:

6101 GARDEN COURT
DAVIE, FL 33314 US

New Principal Place of Business:

6115 STIRLING ROAD
SUITE# 101
DAVIE, FL 33314 US

Current Mailing Address:

6101 GARDEN COURT
DAVIE, FL 33314 US

New Mailing Address:

6115 STIRLING ROAD
SUITE# 101
DAVIE, FL 33314 US

FEI Number: 20-0965083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, SAMUEL
6101 GARDEN COURT
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

SHAPIRO, SAMUEL
6115 STIRLING ROAD
DAVIE, FL 33314 US

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.

SIGNATURE: SAMUEL SHAPIRO 01/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SHAPIRO, SAMUEL
Address: 6101 GARDEN COURT
City-St-Zip: DAVIE, FL 33314 US

Title: DVP ( ) Delete
Name: SHAPIRO, STEVEN A
Address: 6101 GARDEN COURT
City-St-Zip: DAVIE, FL 33314 US

Title: DST ( ) Delete
Name: SHAPIRO, ARLENE
Address: 6101 GARDEN COURT
City-St-Zip: DAVIE, FL 33314 US

Title: DVP ( ) Delete
Name: SHAPIRO, DANIEL
Address: 6101 GARDEN CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SHAPIRO, SAMUEL
Address: 6115 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314 US

Title: DVP (X) Change ( ) Addition
Name: SHAPIRO, STEVEN A
Address: 6115 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314 US

Title: DST (X) Change ( ) Addition
Name: SHAPIRO, ARLENE
Address: 6115 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314 US

Title: DVP (X) Change ( ) Addition
Name: SHAPIRO, DANIEL
Address: 6115 STIRLING ROAD
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL SHAPIRO DP 01/15/2009
Electronic Signature of Signing Officer or Director Date