

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90021 024 \*\*\*150.00

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| <b>DOCUMENT # P04000047853</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                    |                                                                                                                              |                                                                                                                                             |                                                                                                        |  |
| <b>1. Entity Name</b><br>TRIGGER OF SOUTH FLORIDA, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                                                                                                              |                                                                                                                                             |                                                                                                        |  |
| <b>Principal Place of Business</b><br>1580 NW 128TH DR<br>#211<br>SUNRISE, FL 33323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    |                                                                                                                              | <b>Mailing Address</b><br>1580 NW 128TH DR<br>#211<br>SUNRISE, FL 33323                                                                     |                                                                                                        |  |
| <b>2. Principal Place of Business</b><br>2429 SW 44th Terrace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                                                                             |                                                                                                                                             |                                                                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | Suite, Apt. #, etc.                                                                                                          |                                                                                                                                             |                                                                                                        |  |
| <b>City &amp; State</b><br>FT LAUDERDALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    | <b>City &amp; State</b><br>FL                                                                                                |                                                                                                                                             | <b>4. FBI Number</b><br>65-1152649                                                                     |  |
| <b>Zip</b><br>33317                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | <b>Country</b>                                                                                                               |                                                                                                                                             | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>RICHARD BAROUH, P.A.<br>10800 NW 5TH ST<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                                                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |                                                                                                        |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                                                                                              |                                                                                                                                             |                                                                                                        |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                              |                                                                                                                                             |                                                                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                    | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                             |                                                                                                        |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                                                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                |                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | D<br>PALMER, JEFFREY<br>1580 NW 128TH DR #211<br>SUNRISE, FL 33323 |                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | Palmer, Jeffrey<br>2429 SW 44th Terr<br>FT LAUDERDALE FL 33317                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                    |                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                    |                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                    |                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                    |                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                    |                                                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>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.</b> |                                                                    |                                                                                                                              |                                                                                                                                             |                                                                                                        |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                    |                                                                                                                              | 2/1/06 954-709-7232<br><small>Date Daytime Phone #</small>                                                                                  |                                                                                                        |  |