

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000057296

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** BERMUDA TRIANGLE ENTERPRISES, INC.

**Current Principal Place of Business:**

7 ALAFAYA WOODS BLVD  
2000  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

7 ALAFAYA WOODS BLVD  
2000  
OVIEDO, FL 32765

**New Mailing Address:**

815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 327015600 US

**FEI Number:** 20-0954212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KCI KEICOR CONSULTING, INC.  
815 ORIENTA AVE  
2020  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BERMUDEZ, ADAM J  
**Address:** 815 OIENTA AVE STE 2020  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

**SIGNATURE:** ADAM BERMUDEZ

P

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date