

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063347

Entity Name: TRITONS SERVICES AND REPAIR, INC.

FILED
Jun 07, 2006
Secretary of State

Current Principal Place of Business:

16801 NW 52ND AVENUE
MIAMI, FL 33055

New Principal Place of Business:

16801 NW 52ND AVENUE
OPA LOCKA, FL 33055

Current Mailing Address:

16801 NW 52ND AVENUE
MIAMI, FL 33055

New Mailing Address:

16801 NW 52ND AVENUE
OPA LOCKA, FL 33055

FEI Number: 55-0865416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARANGO, EMILIO
16801 NW 52ND AVENUE
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

ARANGO, EMILIO
16801 NW 52ND AVENUE
OPA LOCKA, FL 33055 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: EMILIO ARANGO

06/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARANGO, EMILIO P
Address: 16801 NW 52ND AVENUE
City-St-Zip: MIAMI, FL 33055

Title: VP () Delete
Name: TATO, FRANCISCO J VP
Address: 16801 NW 52ND AVENUE
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARANGO, EMILIO
Address: 16801 NW 52ND AVENUE
City-St-Zip: OPA LOCKA, FL 33055

Title: VP (X) Change () Addition
Name: TATO, FRANCISCO J
Address: 16801 NW 52ND AVENUE
City-St-Zip: OPA LOCKA, FL 33055

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: EMILIO ARANGO

P

06/07/2006

Electronic Signature of Signing Officer or Director

Date