# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 16, 2007**
**Secretary of State**

DOCUMENT# P04000063347

**Entity Name:** TRITONS SERVICES AND REPAIR, INC.

**Current Principal Place of Business:**

16801 NW 52ND AVENUE
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

16801 NW 52ND AVENUE
OPA LOCKA, FL 33055

**New Mailing Address:**

**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
OPA LOCKA, FL 33055 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

**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
Address: 16801 NW 52ND AVENUE
City-St-Zip: OPA LOCKA, FL 33055

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T ( ) Change (X) Addition
Name: TATO, JOAN
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 PD 05/16/2007

Electronic Signature of Signing Officer or Director Date