

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000065305

FILED
May 25, 2005
Secretary of State

Entity Name: TRIPLE SAS ENTERPRISES, INC.

Current Principal Place of Business:

6330 W FALCON'S LEA DRIVE
DAVIE, FL 33331

New Principal Place of Business:

13171 W SUNRISE BLVD.
SUNRISE, FL 33323

Current Mailing Address:

6330 W FALCON'S LEA DRIVE
DAVIE, FL 33331 US

New Mailing Address:

13171 W. SUNRISE BLVD
SUNRISE, FL 33323 US

FEI Number: 20-1018915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLES
6330 W. FALCON'S LEA DRIVE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

SMITH, CHARLES
13171 W SUNRISE BLVD
SUNRISE, FL 33323 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: CHARLES SMITH

05/25/2005

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: P () Delete
Name: SMITH, AUDREY
Address: 6330 W FALCON'S LEA DRIVE
City-St-Zip: DAVIE, FL 33331 US

Title: VP (X) Delete
Name: SMITH, CHARLES R
Address: 6330 W FALCON'S LEA DRIVE
City-St-Zip: DAVIE, FL 33331 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: AUDREY SMITH

P

05/25/2005

Electronic Signature of Signing Officer or Director

Date