

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90027 006 \*\*\*150.00

**20030883**



03292005 Chg-P CR2E034 (10/03)

4. FEI Number **201186215** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DOCUMENT # P04000079747**

1. Entity Name  
**TRIPLE C, CORP.**



Principal Place of Business  
**12763 SW 49 COURT  
PEMBROKE PINES, FL 33027**

Mailing Address  
**12763 SW 49 COURT  
PEMBROKE PINES, FL 33027**

2. Principal Place of Business  
**3201 NW 36th St.**

3. Mailing Address  
**16507 SW 36th St.**

Suite, Apt. #, etc.

City & State  
**Miami, FL**

City & State  
**Miramar, FL**

Zip  
**33142**

Country

Zip  
**33027**

Country

6. Name and Address of Current Registered Agent

**MARIA, FRANKLIN  
12763 SW 49 COURT  
PEMBROKE PINES, FL 33027**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE *Maria Franklin* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARIA, FRANKLIN</b>		NAME	
STREET ADDRESS <b>12763 SW 49 COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES, FL 33027</b>		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUNA, MANUEL</b>		NAME	
STREET ADDRESS <b>12763 SW 49 COURT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PINES, FL 33027</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME <b>LUZ MARIA MONTERO</b>	
STREET ADDRESS		STREET ADDRESS <b>12763 SW 49 COURT</b>	
CITY-ST-ZIP		CITY-ST-ZIP <b>PEMBROKE PINES FLA. 33027</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE: *Maria Franklin* **3/29/05** **(305) 233-4842**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #