## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 27, 2005 8:00 am Secretary of State

DOCUMENT # P04000129403					_	04-21-20	)05 90260 (	)10 <b>*</b> *	*150.00
11. Entity Name TRINITY INVESTMENT OF MADEIRA BEACH, INC.					=				
A Company of the Comp									
Principal Place of Business		Mailing Address			i	660195	αч		
500 LILLIAN DRIVE MADEIRA BEACH, FL 33708		500 LILLIAN DRIVE MADEIRA BEACH, FL 33708			000100		;		
2. Principal Place of Business		3. Mailing Address			_}	(C.) (1) (1) (1) (1) (1)	51 KBU 81019 IUUN 710		MAR
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04162005	Chg-P	CR2E034 (	10/03)		
City & State		City & State			4. FEI Numb		7		plied For Applicable
Zip	Country	Zip Count		гу	5. Certificate	of Status Desired	. □ \$8.	75 Add Required	itional I
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name						
COLANDREA, ANTONIO -									
500 LILLIAN DRIV MADEIRA BEACH		•		Street Address (P.O. Box Number is Not Acceptable)					
				City Zip Code					
							FL		
the obligations of reg		or the purpose of changing its r	eG:z:e.e	or registe	areo ageni, or bo	KU, IN MA SISIE OI FI	jnga, ramiami	iau whun,	and accept
SIGNATURE Signature provided narrer of registered agers and title if applicable. (NOTE: Registered Agers signature required when retristancy)  DATE									
Spane, M	ped or priviled Name of registered ager	d and the A applicable. (NOTE:	Hegistered	Agent signature require	eq wyeu tenetimid)		DATE		
FILE NOW!! FEE IS \$150.00  9. Election Comparing Financing \$5.00 May Be Trust Fund Contribution. Added to Faes									
·10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF			IN 11
	DREA ANTONIO	☐ Ociete	TITLE				0	Change	Addition
:STREET ADDRESS   500 LIL	LIAN DRIVE RA BEACH, FL 33708		STREE	ET ADDRESS - ST-ZIP				*	
TITLE		☐ Defeta	TITLE	<b>I</b>				Change	☐ Addition
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ture .	- · · · · · · · · ·	☐ Delete	TITLE	<del></del>				Change	Addition
NAME STREET ADDRESS			HAME	ET ADORESS.					
CITY-ST-ZIP			1	-ST-ZIP					
12. I hereby certify that indicated on this re	the information supplied with port or supplemental report	th this filing does not qualify for is true and accurate and that m	the exer	mption stated in State the	Section 119,07(3) same legal effe	(i), Florida Statutes. ct as if made under	I further certify thought that I am a	nat the in	formation or director
of the corporation of changed, or on an	or the receiver or trustee em attachment with an address	is true and accurate and that m powered to specifie this report a , with all other life empowered.	as requir	red by Chapter 60				ick 10 ar	Block 11 if
SIGNATURE: 4-18-05									{
JIGHA OHE.	BIOMATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER O	OMECT	DA		Oese		Phone #	l