

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000133954

1. Entity Name
TREN-RITE REPORTING, INC.



Principal Place of Business
**660 NE 165TH STREET
MIAMI, FL 33162**

Mailing Address
**660 NE 165TH STREET
MIAMI, FL 33162**

FILED
Apr 20, 2006 08:00 AM
Secretary of State



04182006 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0609204

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RYAN, DEXTER
660 NE 165TH STREET
MIAMI, FL 33162**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	RYAN, DEXTER
STREET ADDRESS	660 NE 165TH STREET
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80115-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06
Date

786-897-29
Daytime Phone #