
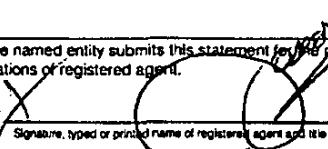
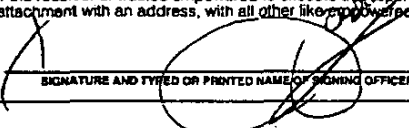


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90040 008 \*\*\*150.00

<b>DOCUMENT # P04000135799</b> 1. Entity Name <b>TRIANGLE CATERING, INC</b>																									
Principal Place of Business <b>6854 W FLAGLER STREET MIAMI, FL 33144</b>			Mailing Address <b>6854 W FLAGLER STREET MIAMI, FL 33144</b>																						
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country																						
4. FEI Number <b>20-168570K</b>			Applied For <input type="checkbox"/> Not Applicable																						
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>																						
6. Name and Address of Current Registered Agent  <b>BAEZ, ALEJANDRO 6854 W FLAGLER STREET MIAMI, FL 33144</b>			7. Name and Address of New Registered Agent  Name <b>Jose E. Cortes Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6305 E 8 Ave</b> City <b>MIALENA</b> FL      Zip Code <b>33013</b>																						
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  DATE <b>1-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																									
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2005, Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><b>P. BAEZ, ALEJANDRO</b></td> <td><b>6854 W FLAGLER STREET</b></td> <td><b>MIAMI, FL 33144</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete		<b>P. BAEZ, ALEJANDRO</b>	<b>6854 W FLAGLER STREET</b>	<b>MIAMI, FL 33144</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change    <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><b>P. Cortes, Jose E Jr.</b></td> <td><b>6305 E 8 Ave</b></td> <td><b>MIALENA FL 33013</b></td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<b>P. Cortes, Jose E Jr.</b>	<b>6305 E 8 Ave</b>	<b>MIALENA FL 33013</b>	
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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 information.																									
<b>SIGNATURE:</b> 				Date <b>1-15-05</b> (30-168570K)																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																									