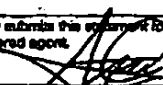
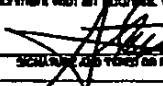


APR. 28. 2005 7:12AM CINTAS

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 15, 2005 8:00 am
Secretary of State

04-29-2005 90302 001 ***150.00
04-29-2005 90302 002 *****8.75

DOCUMENT # P04000168166			
1. Entity Name JESUS TRIVINO, INC.			
Principal Place of Business 20045 HERITAGE DR LAKEVILLE, MN 55044		Mailing Address 20045 HERITAGE DR LAKEVILLE, MN 55044	
2. Principal Place of Business 3895 Winona Dr. State, Apt. #, etc.		3. Mailing Address 20045 HERITAGE DR State, Apt. #, etc.	
City & State Pensacola, FL		City & State LAKEVILLE MN	
Zip 32504		Zip 55044	
Country USA		Country USA	
4. FEI Number 20-2014329		Applied For Not Applicable	
5. Certificate of Status Desired ST		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, JAMES C. 3885 WINONA DR PENSACOLA, FL 32504		7. Name and Address of New Registered Agent Name JESUS C TRIVINO Street Address (P.O. Box Number is not acceptable) 3895 Winona Dr City Pensacola State FL Zip Code 32504	
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  Signature, dated or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)			
DATE 04/28/05			
FILE NUMBER: FEB IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TRIVINO, JESUS C 20045 HERITAGE DR LAKEVILLE, MN 55044 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JESUS TRIVINO, INC. 20045 HERITAGE DR LAKEVILLE MN 55044 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alisa Wundlow 20045 Heritage Dr. LAKEVILLE MN 55044		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 files empowered.			
SIGNATURE:  DATE: 04/28/05			