## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000035256

Entity Name: TRIBECA INTERNACIONAL, INC.

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

12000 BISCAYNE BLVD # 406 NORTH MIAMI BEACH, FL 33181

Current Mailing Address: New Mailing Address:

12000 BISCAYNE BLVD # 406 NORTH MIAMI BEACH, FL 33181

FEI Number: 20-4293476 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AVILA, WILSON 1856 NE 187 STREET NORTH MIAMI BEACH, FL 33179 US

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.

III lile State of Florit

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 AVILA, WILSON
 Name:
 SANCHEZ, LAZARO

 Address:
 1856 NE 187 STREET
 Address:
 535 LA VILLA DRIVE

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179
 City-St-Zip:
 MIAMI SPRINGS, FL 33166

Title: PD () Delete Title: VP (X) Change () Addition

 Name:
 FILIMON, DANUTA
 Name:
 AVILA, WILSON

 Address:
 1856 NE 187 STREET
 Address:
 1856 NE 187 STREET

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179
 City-St-Zip:
 NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILSON AVILA VP 04/24/2007