

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000050566

1. Entity Name  
TRIANA'S AUTO COLLISION, CORP



Principal Place of Business  
2030 S.W. 71 TERRACE  
DAVIE, FL 33317

Mailing Address  
2030 S.W. 71 TERRACE  
DAVIE, FL 33317

2. Principal Place of Business  
2090 S.W. 71st Terrace 13960 Oak Ridge Dr.

Suite, Apt. #, etc.  
Bay G1

Mailing Address  
Suite, Apt. #, etc.

City & State  
DAVIE, FL

City & State  
DAVIE, FL

Zip 33317 Country USA

Zip 33325 Country USA

6. Name and Address of Current Registered Agent

TRIANA, JOSE F  
13960 OAK RIDGE DR  
DAVIE, FL 33325

Oak Ridge Drive

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIANA, JOSE F 13960 OAK RIDGE DR. DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 officers empowered.

SIGNATURE: *Jose F. Triant* 2/1/06 (954)472-8030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *2/1/06* Daytime Phone #: *(954)472-8030*

**FILED  
Feb 06, 2006 8:00 am  
Secretary of State**

02-06-2006 90060 004 \*\*\*158.75