


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90016 021 \*\*\*163.75

DOCUMENT # P05000050566			
1. Entity Name TRIANA'S AUTO COLLISION, CORP			
Principal Place of Business 2090 S.W. 71 TERRACE SUITE G1 DAVIE, FL 33317		Mailing Address 13960 OAK RIDGE DR DAVIE, FL 33325	
2. Principal Place of Business - No P.O. Box # 2031 S.W. 70 <sup>th</sup> AVE. Suite, Apt., #, etc. Suite C12 City & State Davie FL		3. Mailing Address Suite, Apt., #, etc. City & State	
Zip 33317		Country Broward	
4. FEI Number 37-1507161		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03162008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TRIANA, JOSE F 13960 OAKRIDGE DR DAVIE, FL 33325		7. Name and Address of New Registered Agent 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 _____ DATE _____ <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</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$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 like empowered.			
SIGNATURE: <u>Jose Triana</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/10/08</u> Daytime Phone #: <u>(954) 245-8585</u>	