

2006 FOR PROFIT CORPORATION, ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-04-2006 90232 047 ***150.00

DOCUMENT # P05000061134 1. Entity Name TRIANGLE PARTNERS, INC.					
Principal Place of Business 501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131			Mailing Address 501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-3109402	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NATIONAL REGISTERED AGENTS, INC. 501 BRICKELL KEY DR. SUITE 602 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input 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 TORREGO, LUIS 7611 CENTER BAY DR MIAMI BCH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHISENAND, JAMES D 501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, LAWRENCE O JR. 501 BRICKELL KEY DRIVE STE 602 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete			
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>Luis TORREGO</u> 4/20/06 305 439-4096					

ATTACHMENT

66619473

WHISENAND & TURNER
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW
SUITE 602
501 BRICKELL KEY DRIVE
MIAMI, FLORIDA 33131

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June 13, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: TRIANGLE PARTNERS, INC./ Reference Number P05000061134

Dear Sir/Madam:

We are returning a copy of the annual report/uniform business report for the above referenced corporation duly corrected/completed as per your letter dated May 24, 2006.

Kindly proceed to file this report.

Thank you.

Cordially,


Lourdes Berroa

Enclosure