

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097836

FILED  
Aug 16, 2006  
Secretary of State

Entity Name: TRONCONE & CARVAJAL INVESTMENTS CORP.

## Current Principal Place of Business:

499 E. PALMETTO PARK RD.  
207  
BOCA RATON, FL 33432

## New Principal Place of Business:

55 N.E. 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334325500 US

## Current Mailing Address:

499 E. PALMETTO PARK RD.  
207  
BOCA RATON, FL 33432

## New Mailing Address:

55 N.E. 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334325500 US

FEI Number: 84-1684279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TRONCONE, MONIQUE CPA  
499 E. PALMETTO PARK RD.  
207  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

MONIQUE TRONCONE, CPA P.A.  
55 N.E. 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334325500 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.

SIGNATURE: MONIQUE TRONCONE

08/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: TRONCONE, MONIQUE CPA  
Address: 201 NE 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432 US

Title: VP ( ) Delete  
Name: CARVAJAL, HAROLD A  
Address: 7364 NW 19TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33024 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: TRONCONE, MONIQUE CPA  
Address: 55 N.E. 5TH AVENUE, SUITE 501  
City-St-Zip: BOCA RATON, FL 334325500 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MONIQUE TRONCONE

PD

08/16/2006

Electronic Signature of Signing Officer or Director

Date