

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90039 019 ***150.00

40101000



08072006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3245519** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P05000107660

1. Entity Name
TRINITY EQUITY SOLUTIONS, INC.



Principal Place of Business
1220 SW 75 AVENUE
MIAMI, FL 33144

Mailing Address
1220 SW 75 AVENUE
MIAMI, FL 33144

2. Principal Place of Business

2829 BIRD AVE.

Suite, Apt. #, etc.

STE 7

City & State

COCONUT GROVE FL.

Zip

33133

Country

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ORELLE, RAFAEL JR.
1220 SW 75 AVENUE
MIAMI, FL 33144

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

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
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ORELLE, RAFAEL JR.**
CITY-ST-ZIP **1220 SW 75 AVENUE**
MIAMI, FL 33144

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P. RAFAEL ORELLE JR.**
STREET ADDRESS **2829 BIRD AVE #7**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/06

Date

Daytime Phone #