

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125347

FILED
Feb 09, 2006
Secretary of State

Entity Name: TRINITY IN LAURUS COMPANY, INC.

Current Principal Place of Business:

9331 NW 34TH COURT
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

9331 NW 34TH COURT
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 20-3460260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSEN, PHILIP C ESQ.
8551 WEST SUNRISE BLVD.
SUITE 208
FT. LAUDERDALE, FL 33322 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SILVA, SAMUEL A
Address: 9331 NW 34TH COURT
City-St-Zip: SUNRISE, FL 33351

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SILVA, SAMUEL A JR.
Address: 9331 NW 34TH COURT
City-St-Zip: SUNRISE, FL 33351

Title: V () Change (X) Addition
Name: SILVA, NIDIA R
Address: 9331 NW 34TH COURT
City-St-Zip: SUNRISE, FL 33351

Title: T () Change (X) Addition
Name: SILVA, SAMUEL A SR.
Address: 9331 NW 34TH COURT
City-St-Zip: SUNRISE, FL 33351

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: SAMUEL SILVA

PD

02/09/2006

Electronic Signature of Signing Officer or Director

Date