

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000149165

1. Entity Name
TRIPP TRADING ENTERPRISES, CORP.



FILED
06 SEP 25 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6690 W HOLLANDAIRE DR.
BOCA RATON, FL 33433

Mailing Address
6690 W HOLLANDAIRE DR.
BOCA RATON, FL 33433

2. Principal Place of Business
9104 Pine Spring Dr
Suite, Apt. #, etc.

3. Mailing Address
9104 Pine Spring Dr
Suite, Apt. #, etc.

City & State
BOCA RATON FLA

City & State
BOCA RATON FLA

Zip
33428

Country
USA

Zip
33428

Country
USA



09122006 Chg-P CR2E034 (11/05)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
SIGLER, JORGE I.
6690 W HOLLANDAIRE DR.
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent
Name
SIGLER, JORGE I.
Street Address (P.O. Box Number is Not Acceptable)
9104 PINE SPRING DR
City
BOCA RATON FL Zip Code
33428

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]* DATE: 9-12-2006

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P SIGLER, JORGE I 6690 W HOLLANDAIRE DR. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIGLER, JORGE I 9104 PINE SPRING DR BOCA RATON, FLA 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRASCO, MARIA I 6690 W HOLLANDAIRE DR. BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRASCO, MARIA I 9104 PINE SPRING DR BOCA RATON, FLA 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000080231850 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/27/06--01058--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE: 9-12-2006 7863687906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR