

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001657

FILED
Aug 22, 2007
Secretary of State

Entity Name: TRAINA ENTERPRISES, INC.

Current Principal Place of Business:

4551 HINES RD N
ST PETERSBURG, FL 33714

New Principal Place of Business:

4551 HAINES RD N
ST PETERSBURG, FL 33714

Current Mailing Address:

PO BOX 7835
TAMPA, FL 33673

New Mailing Address:

FEI Number: 20-4064297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRAINA, DOMENICK JR
3743 SHORE BLVD
OLDSMAR, FL 34677 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

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: PTD () Delete
Name: TRAINA, DOMENICK JR
Address: PO BOX 7835
City-St-Zip: TAMPA, FL 33673

Title: VSD () Delete
Name: TRAINA, CYNTHIA L
Address: 902 CLANTON AVE
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DOMENICK TRAINA JR

PRES

08/22/2007

Electronic Signature of Signing Officer or Director

_____ Date