2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP -6 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000079327

1. Entity Name
TRAPICHE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
16125 SW 84TH PLACE PALMETTO BAY, FL 33157	16125 SW 84TH PLACE PALMETTO BAY, FL 33157

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10621 N. Kendall Drive	10621 N. Kendall Drive
Suite, Apt. #, etc. Suite 200	Suite, Apt #, etc Suite 200
City & State Miami, Florida 33176	City & State Miami, Florida 33176
Zip / Country	Zip / Country

09042007 Chg-P CR2E034 (12/06)

4. FEI Number
22-3934378

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	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 in the State of Florida. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper or complete performance of my duties, and 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 14, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ☐ Delete AQUINO, ANGEL L 16125 SW 84TH PLACE PALMETTO BAY, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10621 N. Kendall Drive, Suite 200 Miami, Florida 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete AQUINO, YVONNE P 16125 SW 84TH PLACE PALMETTO BAY, FL 33157	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 10621 North Kendall Drive, Suite 200 Miami, Florida 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700109294497 09/11/07--01015--005 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 607, Florida Statutes, and 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 a director or officer 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: _____ 9-4-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/6 ao