

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000097756

Entity Name: TRIAD ONLY, CORP.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

8301 NW 107 CT - # 2  
MIAMI, FL 33178

## New Principal Place of Business:

8464 NW 107 PATH  
UNIT # 1  
MIAMI, FL 33178

## Current Mailing Address:

8301 NW 107 CT - # 2  
MIAMI, FL 33178

## New Mailing Address:

8464 NW 107 PATH  
UNIT # 1  
MIAMI, FL 33178

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GUIULFO HERRERA, ROXANA  
8301 NW 107 CT - # 2  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

GUIULFO HERRERA, ROXANA  
8464 NW 107 PATH  
UNIT # 1  
MIAMI, FL 33178 US

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: ROXANA GUIULFO

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GUIULFO HERRERA, ROXANA  
Address: 8301 NW 107 CT - # 2  
City-St-Zip: MIAMI, FL 33178

Title: VPD ( ) Delete  
Name: GARCIA, OLIVIA  
Address: 8301 NW 107 CT - # 2  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GUIULFO HERRERA, ROXANA  
Address: 8464 NW 107 PATH UNIT # 1  
City-St-Zip: MIAMI, FL 33178

Title: VPD (X) Change ( ) Addition  
Name: GARCIA, OLIVIA  
Address: 12916 NW 10 STREET  
City-St-Zip: MIAMI, FL 33178

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: ROXANA GUIULFO

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date