## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State

Signature   Sign	DOCUI 1. Entity Nam NINO TRI	ne	# P0600014 , INC.			04-27-2007	90181 0	21 ***15	0.00			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Od.14/2007 Chg.P CR2E034 (12/06)  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  NINO, MARIO E  8193 EL CIENTO COURT  JACKSONVILLE, FL 32217  City  FILE NOWITH FEE IS \$150.00  After May 1, 2007 Fee will be \$\$50.00  Trust Fund Contribution.  Defee  NINO, MARIO E  NINO, MARIO E  NINO After May 1, 2007 Fee will be \$\$50.00  After May 1, 2007 Fee will be \$\$50.00  NINO, MARIO E  NINO E	8193 EL CIEI	NTO COURT		8193 EL CIENTO COURT				II 89118 97111 8918 9927 9918			1   <b>    </b>	
City & State	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
ZO - \$0   3197   Not Applic  Siph Country   Ziph   Country   S. 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   Name   Name   Name   Name   Name   Name   Street Address of New Registered Agent   Name   Street Address of New Registered Agent   Name   Name   Street Address (P.O. Box Number is Not Acceptable)    8. The above named among the painter of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of fregistered agent.  SIGNATURE   Street Address (P.O. Box Number is Not Acceptable)   DATE    FILE NOWILLE, FL 32217   Sond in proceeding the painter of the purpose of changing in Financing   Street Address (P.O. Box Number is Not Acceptable)    PATE   Sond in the State of Florida. I am familiar with, and act the obligations of fregistered agent.  SIGNATURE   Sond in the State of Florida. I am familiar with, and act the obligations of fregistered agent.   Street Address (P.O. Box Number is Not Acceptable)    PATE   Zip Code   Street Address (P.O. Box Number is Not Acceptable)    SIGNATURE   Sond in the State of Florida. I am familiar with, and act the obligations of States Address (P.O. Box Number is Not Acceptable)    PATE   Zip Code   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    PATE   Zip Code   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address (P.O. Box Number is Not Acceptable)    DATE   Street Address of New Registered Agent And Ison is Not Acceptable   S	Suite, Apt. #, etc.			Suite, Apt. #, etc.		04142007	Chg-P	CR2E0	34 (12/06)			
S. Certificate of Status Desired   Fee Required   S. Name and Address of Current Registered Agent   Sirved Address of New Registered Agent   Name   Sirved Address (P.O. Box Number is Not Acceptable)   Sirved Address (P.O. Box Number is Not Acce	City & State			City & State		4. FEI Numb	8013197	•		oplied For of Applicable		
NINO, MARIO E 8193 EL CIENTO COURT JACKSONVILLE, FL 32217    City   FL   Zip Code								5 Certificate of Status Desired \$8.75 Additional				
NINO, MARÜO E 8193 EL CIENTO COURT JACKSONVILLE, FL 32217    City   FL   Zip Code		6. Name	and Address of Curren	t Registered Agent		Name	7. Name and	d Address of New Ro	egistered A	gent		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named tentity 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 act the obligations of registered agent.  SIGNATURE  Signature  FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE NAME NINO, MARIO E SIREET ADDRESS DIPY ST- 2P  JACKSONVILLE, FL 32217  ITIE  NINO, MARIO E SIREET ADDRESS 8193 EL CIENTO COURT OTHER ST- 2P  JACKSONVILLE, FL 32217  Delete  ITIE NAME SIREET ADDRESS CITY- ST- 2P  JACKSONVILLE, FL 32217  Delete  ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete ITIE NAME SIREET ADDRESS CITY- ST- 2P  TITLE Delete TITLE Delete TITLE Change A  Cha	NINO MAI	RIO.E			Name							
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 act the obligations of registered agent.  SIGNATURE	8193 EL C	IENTO C		Street Address (P.O. Box Number is Not Acceptable)								
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 act the obligations of registered agent.  SIGNATURE										17.0.		
the obligations of registered agent.  SIGNATURE  SIGNAT						<u> </u>				·   '		
SIGNATURE    Signature   Signa	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.											
Supplies board on printed name of registered agent and left of applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE												
After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.												
TITLE				T 45 10							<del> </del>	
NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217	10.	- <del> </del>	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
STREET ADDRESS CITY-ST-ZIP  JACKSONVILLE, FL 32217  TITLE  D NINO, MARIO E STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Change A			1010 F	☐ Delete						☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE D NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  Change A Chang	1			,								
NAME SIREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32217  TITLE  Delete TITLE  NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  NAME SIREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE  Delete TITLE  Delete TITLE  Delete TITLE  Delete TITLE  Delete TITLE	CITY-ST-ZIP	B .		,		ł ·						
STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE		- Detelo				t t				☐ Change	☐ Addition	
CITY-ST-ZIP		1										
NAME	1											
STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP				☐ Delete			••			☐ Change	☐ Addition	
CITY-ST-ZIP	1											
NAME												
STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CHange   A				☐ Delete	TITL	E				☐ Change	☐ Addition	
CITY-ST-ZIP         CITY-ST-ZIP           TITLE         Delete         TITLE         Change         A	1											
	1											
	1			☐ Delete			4140			☐ Change	☐ Addilion	
STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS				NAN STR							
CITY-ST-ZIP CITY-ST-ZIP												
_ ·	1			☐ Delete	TITL	Ε		1872		☐ Change	☐ Addition	
NAME NAME STREET ADDRESS STREET ADDRESS												
STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP	1											
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 fue and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or directly of the corporation or the receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with an address, with an other like empowered.	12. I hereby of indicated of the corphanded	certify that the form this reportion or the certific and	ne information supplied wi ort or supplemental report the receiver or trustee en achment with an add	ith the filing does not qualify is true and accurate and that bowered to execute this repor- with at other like empowers	for the ex my signa rt as requ	temptions containe ature shall have the fired by Chapter 60	ed in Chapter 11 e same legal effe 07, Florida Statut	9, Florida Statutes. I ect as if made under c es; and that my name	further cert path; that I a e appears in	ify that the in am an officer in Block 10 or	nformation or director r Block 11 if	