

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000005063

Entity Name: TRINI VIBES, INC.

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

7917 CAPSTAN PLACE  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

7917 CAPSTAN PLACE  
ORLANDO, FL 32818

**New Mailing Address:**

FEI Number: 74-3202935

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COLLINGWOOD, HESTWICK D  
7917 CAPSTAN PLACE  
ORLANDO, FL 32818 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: COLLINGWOOD, HESTWICK D  
Address: 7917 CAPSTAN PLACE  
City-St-Zip: ORLANDO, FL 32818

Title: STD  
Name: COLLINGWOOD, ESTHER P  
Address: 7917 CAPSTAN PLACE  
City-St-Zip: ORLANDO, FL 32818

I hereby 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 all other like empowered.

SIGNATURE: HESTWICK COLLINGWOOD

PD

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date