

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000062991

FILED
Apr 29, 2008
Secretary of State

Entity Name: TRIMARCHI INVESTMENT CORP.

Current Principal Place of Business:

201 ALHAMBRA CIRCLE SUITE 711
CORAL GABLES, FL 33134

New Principal Place of Business:

6073 NW 167 ST
C27
MIAMI, FL 33015

Current Mailing Address:

201 ALHAMBRA CIRCLE SUITE 711
CORAL GABLES, FL 33134

New Mailing Address:

6073 NW 167 ST
C27
MIAMI, FL 33015

FEI Number: 26-1330964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPPORT, STEPHEN R
201 ALHAMBRA CIRCLE SUITE 711
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TRIMARCHI, SALVATORE
6073 NW 167 ST
C27
MIAMI, FL 33015 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: SALVATORE TRIMARCHI

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRIMARCHI, SALVATORE
Address: 201 ALHAMBRA CIRCLE SUITE 711
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRIMARCHI, SALVATORE
Address: 6073 NW 167 STREET C27
City-St-Zip: MIAMI, FL 33015

Title: S () Change (X) Addition
Name: CUEVAS, ANA
Address: 6073 NW 167 STREET C27
City-St-Zip: MIAMI, FL 33015

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: SALVATORE TRIMARCHI

PD

04/29/2008

Electronic Signature of Signing Officer or Director

Date