## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000019916

Title:

Entity Name: TRILIMPHILISA CORPORATION

( ) Delete

FILED Apr 21, 2009 Secretary of State

| Zinty Nume: TRIONITY GOA GORT GRATION  |  |
|--|--|
| Current Principal Place of Business:   | New Principal Place of Business:   |
| 8421 S ORANGE BLOSSOM TRAIL<br>SUITE 202<br>ORLANDO, FL 32809                  |  |
| Current Mailing Address:   | New Mailing Address:   |
| 8421 S ORANGE BLOSSOM TRAIL<br>SUITE 202<br>ORLANDO, FL 32809                  |  |
| FEI Number: 26-2093335 FEI Number Applied For                                  | ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )            |
| Name and Address of Current Registered Ag                                      | ent: Name and Address of New Registered Agent:                                 |
| FAVA, ADIR<br>8421 S ORANGE BLOSSOM TRAIL<br>SUITE 202<br>ORLANDO, FL 32809 US |  |
| The above named entity submits this statement fin the State of Florida.        | or the purpose of changing its registered office or registered agent, or both, |
| SIGNATURE:   |  |
| Electronic Signature of Registe  | red Agent Date   |
| Election Campaign Financing Trust Fund Contribution                            | ).   |
| OFFICERS AND DIRECTORS:  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS                                    |

(X) Change ( ) Addition

FAVA, ADIR FAVA, ADIR P Name: Name: 8421 S ORANGE BLOSSOM TRAIL SUITE 202 8421 S ORANGE BLOSSOM TRAIL SUITE 202 Address: Address: City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32809 Title: VΡ () Delete Title: (X) Change ( ) Addition BARBOSA, ZILNEY BARBOSA, ZILNEY T Name: Name: Address: 8421 S. ORANGE BLOSSOM TRAIL SUITE 202 Address: 8421 S. ORANGE BLOSSOM TRAIL SUITE 202 ORLANDO, FL 32809 ORLANDO, FL 32809 City-St-Zip: City-St-Zip:

Title:

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.

Ρ SIGNATURE: ADIR FAVA 04/21/2009