

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000073889

Entity Name: TRICOM NETWORK, INC.

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

18640 NW 27TH AVE. #202  
MIAMI GARDENS, FL 33056 US

## **New Principal Place of Business:**

6710 SW 12TH STREET  
PEMBROKE PINES, FL 33023 US

## **Current Mailing Address:**

18640 NW 27TH AVE. #202  
MIAMI GARDENS, FL 33056 US

## **New Mailing Address:**

18640 NW 27TH AVE.  
202  
MIAMI GARDENS, FL 33056 US

FEI Number: 27-3420518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: TORRES, ALBERTO  
Address: 18640 NW 27TH AVE. #202  
City-St-Zip: MIAMI GARDENS, FL 33056 US

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: ALBERTO TORRES

MR

04/15/2011

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

\_\_\_\_\_  
Date