


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P11000038859	
1. Entity Name <b>TRICORP, INC.</b>	

**FILED**

**2012 MAY 15 AM 11:15**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

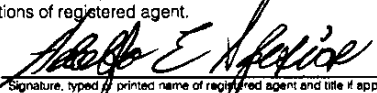
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>16135 EMERALD ESTATES DRIVE</b>		3. Mailing Address <b>16135 EMERALD ESTATES DRIVE</b>	
Suite, Apt. #, etc. <b>NR 268</b>		Suite, Apt. #, etc. <b>NR 268</b>	
City & State <b>WESTON, FL</b>		City & State <b>WESTON, FL</b>	
Zip <b>33331</b>	Country <b>USA</b>	Zip <b>33331</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE


4. FEI Number <b>80-0749654</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>ADOLFO E IGLESIAS</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>12060 SW 129TH COURT SUITE 104</b>	
	City <b>MIAMI</b>	FL Zip Code <b>33186</b>

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.	
SIGNATURE 	DATE <b>5-1-12</b>

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ~ JOHN A HAUSER MENDOZA 16135 EMERALD ESTATES DR WESTON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000235134430</b> <b>05/15/12--01017--009 **150.00</b>  <b>MAY 15 2012</b> <b>S. TONER</b> <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ~ RONALDO J HAUSER 16135 EMERALD ESTATES DR WESTON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>5-1-12</b> (305) 254-1099 Date Daytime Phone #

CR2E034B (12/02)