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Mar 03, 2005 8:00 am
Secretary of State
01-27-2005 90042 033 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000071326

1. Entity Name
TRUST FINANCE COMPANY

66003374

Principal Place of Business	Mailing Address
10691 N. KENDALL DR. SUITE 304 MIAMI, FL 33176 US	10691 N. KENDALL DR. SUITE 304 MIAMI, FL 33176 US

01142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. P.O. BOX 491004	P.O. BOX 491004 Suite, Apt. #, etc.
City & State KEY BISCAYNE, FL	City & State KEY BISCAYNE, FL
Zip 33149 Country	Zip 33149 Country

4. FEI Number 65-0468105 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTELA, CARLOS P
~~10691 N. KENDALL DR.~~
~~SUITE 304~~
MIAMI FL 33176

P.O. BOX 491004
KEY BISCAYNE, FL.
33149

SEE BELOW

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST QUINTELA, CARLOS P 10691 N. KENDALL DR. #304 MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST QUINTELA, CARLOS P. P.O. BOX 491004 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINTELA, CARLOS P 10691 N. KENDALL DR. #304 MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINTELA, CARLOS P. P.O. BOX 491004 KEY BISCAYNE, FL 33149	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 1/15/04 3054454090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STREET ADDRESS 2801 PONCE DE LEON BLVD.
9TH FLOOR
CORAL GABLES, FLORIDA
33134