

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P93000079240

1. Entity Name
TRIMARCO TRADING INC.



Principal Place of Business
3231 W COLUMBUS DR
TAMPA, FL 33607 US

Mailing Address
3231 W COLUMBUS DR
TAMPA, FL 33607 US



04212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3222903	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARQUEZ, ALBA L
3231 W COLUMBUS DR
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	MARQUEZ, ALBAL
STREET ADDRESS	5610 TUGHILL DRIVE
CITY-ST-ZIP	TAMPA, FL 33624

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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05/18/07-80031-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ALBALUZ MARQUEZ 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #