2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2007 08:00 AM Secretary of State

	ANNUAL	REPURI		_		13, 2007 00.00
DOCU	MENT # P940000030	169				Secretary of Sta
1. Entity Nam	ne			J		
TRITON	ENTERPRISES INC.					
			1			
Principal Plac	ce of Business	Mailing Address		1		
7331 S.W. 6		7331 S.W. 64TH COURT				
S. MIAMI, FL	33143	S. MIAMI, FL 33143				
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Г	O NOT WRITE	CE.	03092007	No Chg-P	CR2E034 (11/05)	
L	O NOT WINTE	IN THIS SEA	OL.	4. FEI Numbe 65-046!		Applied For Not Applicable
						£9.75
				5. Certificate	of Status Desired	Fee Required
6. Name and Address of Current Registered Agent			4			
LIGUORI, MICHAEL A			}	DO	NOT W	DITE
3690 FRANTZ RD.				DO	IAOI AA	KIIE
MIAMI, FL 33133				IN T	THIS SP	PACE
			1			
	· · · · · · · · · · · · · · · · · · ·		1			
	named entity submits this statement for the titions of registered agent.	ne purpose of changing its register	ed office or registe	red agent, or bot	n, in the State of Flo	orida. I am familiar with, and accept
SIGNATURE_						
SIGNATURE_	Signature, typed or printed name of registered agent and	d Agent signature require	d when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
		9. Election Campaign Finar	ocina ¢ E	.00 May Be		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00			led to Fees		
10. OFFICERS AND DIRECTORS		T	<u>l</u>			
TITLE	D				•	
NAME	KRAMER, RICHARD W					
STREET ADDRESS CITY-ST-ZIP	7331 S.W. 64TH COURT					
	S. MIAMI, FL 33143		1		Hoo	umanan alaama
title Name					000 02/22/	000664379 07-80001-015 150.Q
STREET ADDRESS					00/20/	01 00001 010 100.0
CITY-SI-ZIP						
TITLE			ŀ			
NAME STREET ADDRESS 3						
CITY-ST-ZIP			ł	DO	NOT W	RITE
TATLE			1	•	_	
NAME				IN I	THIS SP	ACE,
STREET ADDRESS						
CITY-ST-ZIP			l			

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 attact ment with an address, with all other like empowered.

SIGNATURE: _

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP
TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07

305663.9520

Daytime Phone #