

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018683

Entity Name: TREVOR, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

1200 BRICKELL AVE.
SUITE 1440
MIAMI, FL 33131

Current Mailing Address:

1200 BRICKELL AVE
SUITE 1440
MIAMI, FL 33131

New Principal Place of Business:

1805 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134

New Mailing Address:

1805 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134

FEI Number: 65-0475444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, MANUEL J
1200 BRICKELL AVE
SUITE 1440
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

RAMIREZ, MANUEL A
1805 PONCE DE LEON BLVD
SUITE 500
CORAL GABLES, FL 33134 US

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: MANUEL A. RAMIREZ

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOY, DAVID
Address: 1200 BRICKELL AVE., SUITE 1440
City-St-Zip: MIAMI, FL 33131

Title: VD () Delete
Name: TAYLOR, JENNIFER
Address: 1200 BRICKELL AVE., SUITE 1440
City-St-Zip: MIAMI, FL 33131

Title: STD () Delete
Name: JOY, MONTSEERRAT M
Address: 1200 BRICKELL AVE., SUITE 1440
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOY, DAVID
Address: 1805 PONCE DE LEON BLVD, SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change () Addition
Name: TAYLOR, JENNIFER
Address: 1805 PONCE DE LEON BLVD., SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change () Addition
Name: JOY, MONTSEERRAT M
Address: 1805 PONCE LEON BLVD., SUITE 500
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID JOY

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date