

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # P94000023505

1. Entity Name
TRICONY FLORIDA CORP.



Principal Place of Business

**313 1/2 WORTH AVENUE
BLDG. B-1
PALM BEACH, FL 33480 US**

Mailing Address

**313 1/2 WORTH AVENUE
BLDG. B
PALM BEACH, FL 33480 US**



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0477625

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TORRES, MICHAEL
C/O TRICONY MGT., LLC
313 1/2 WORTH AVE. STE. B-1
PALM BEACH, FL 33480**

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PAS
NAME	TORRES, RICK O
STREET ADDRESS	339 SEASPRAY AVE
CITY-ST-ZIP	PALM BEACH, FL
TITLE	VPT
NAME	TORRES, EDWARD
STREET ADDRESS	ONE NORTH BREAKERS ROW
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	KAUDER, MARYLU
STREET ADDRESS	112 LAKESHORE DRIVE
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	VPT
NAME	TORRES, MICHAEL
STREET ADDRESS	215 LINDA LANE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/20/06-80011-021 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #