

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90244 034 ***150.00

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1. Entity Name
TRICONY FLORIDA CORP.



Principal Place of Business Mailing Address
313 1/2 WORTH AVENUE - Suite B-1 313 1/2 WORTH AVENUE - Suite B-1
~~BLDG. B-1~~ ~~BLDG. B~~
PALM BEACH, FL 33480 US PALM BEACH, FL 33480 US



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0477625 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 Rick O Torres DATE 4/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE	PAS President
NAME	TORRES, RICK O
STREET ADDRESS	339 SEASPRAY AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
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 Executive Vice Pres.
NAME	TORRES, MICHAEL
STREET ADDRESS	225 Russlyn Drive
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Rick O Torres DATE 4-5-07 (561) 832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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