

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000023505

Entity Name: TRICONY FLORIDA CORP.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

313 1/2 WORTH AVENUE
SUITE B-1
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

313 1/2 WORTH AVENUE
SUITE B-1
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0477625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, RICK O
TRICONY FLORIDA CORP.
313 1/2 WORTH AVE. STE. B-1
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

TORRES, RICK O
C/O TRICONY FLORIDA CORP.
313 1/2 WORTH AVE. STE. B-1
PALM BEACH, FL 33480 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:

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TORRES, RICK O
Address: 339 SEASPRAY AVE
City-St-Zip: PALM BEACH, FL

Title: S () Delete
Name: KAUDER, MARYLU
Address: 112 LAKESHORE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: EV () Delete
Name: TORRES, MICHAEL
Address: 225 RUSSLYN DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: KAUDER, MARYLU
Address: 100 LAKESHORE DRIVE #1856
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICK TORRES

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date