

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000023505

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** TRICONY FLORIDA CORP.

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

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** TORRES, RICK O  
**Address:** 676 HERMITAGE CIRCLE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** S  
**Name:** KAUDER, MARYLU  
**Address:** 100 LAKESHORE DRIVE #1856  
**City-St-Zip:** NORTH PALM BEACH, FL 33408

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

I hereby 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 all other like empowered.

**SIGNATURE:** RICK TORRES

P

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date