2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90529 008 ***150.00

DOCUMENT # P94000029599

1. Entity Name
TRIMEX ENTERPRISES INC.

Principal Place of Business
8362 PINES BOULEVARD
SUITE 188
PEMBROKE PINES, FL 33024

Mailing Address
2103 NOVA VILLAGE DRIVE
DAVIE, FL 33317

54041293

04212004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1271 Skylark Dr
Suite, Apt. #, etc.
City & State: Weston, FL
Zip: 33327 Country: USA

3. Mailing Address: 1271 Skylark Dr
Suite, Apt. #, etc.
City & State: Weston, FL
Zip: 33327 Country:

4. FEI Number: 65-0475646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SILVA, YVONNE
2103 NOVA VILLAGE DRIVE
DAVIE, FL 33317

7. Name and Address of New Registered Agent
Name: Yvonne Silva
Street Address (P.O. Box Number is Not Acceptable): 1271 Skylark Dr
City: Weston FL Zip Code: 33327

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: Yvonne Silva
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SILVA-CONTRERAS, SERGIO P 2103 NOVA VILLAGE DRIVE DAVIE, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sergio P Silva-Contreras 1271 Skylark Dr Weston, FL 33327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SILVA, YVONNE 2103 NOVA VILLAGE DRIVE DAVIE, FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Yvonne Silva 1271 Skylark Dr Weston, FL 33327 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Yvonne Silva 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #