

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000029599

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: TRIMEX ENTERPRISES INC.

## Current Principal Place of Business:

1271 SKYLARK DR.  
WESTON, FL 33327

## New Principal Place of Business:

164 N POWERLINE RD  
POMPANO BEACH, FL 33069 US

## Current Mailing Address:

1271 SKYLARK DR.  
WESTON, FL 33327

## New Mailing Address:

164 N POWERLINE RD  
POMPANO BEACH, FL 33069 US

FEI Number: 65-0475646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SILVA, YVONNE  
1271 SKYLARK DR.  
WESTON, FL 33327 US

## Name and Address of New Registered Agent:

SILVA, YVONNE  
8560 SW 20TH CT  
DAVIE, FL 33324 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: YVONNE N SILVA

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SILVA-CONTRERAS, SERGIO P  
Address: 1271 SKYLARK DR.  
City-St-Zip: WESTON, FL 33327

Title: VP ( ) Delete  
Name: SILVA, YVONNE  
Address: 1271 SKYLARK DR.  
City-St-Zip: WESTON, FL 33327

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SILVA-CONTRERAS, SERGIO P  
Address: 8560 SW 20TH CT  
City-St-Zip: DAVIE, FL 33324

Title: VP (X) Change ( ) Addition  
Name: SILVA, YVONNE  
Address: 8560 SW 20TH CT  
City-St-Zip: DAVIE, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YVONNE N SILVA

VP

04/29/2005

Electronic Signature of Signing Officer or Director

Date