2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/1

FILED
Mar 31, 2008 8:00 am
Secretary of State

02-25-2008 90057 012 ***150.00

DOCUMENT # P94000041889

1. Entity Name
TRUST INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
501 S FLAGLER DR., SUITE 300 WEST PALM BEACH, FL 33401 US	501 S FLAGLER DR., SUITE 300 WEST PALM BEACH, FL 33401 US

01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0525305 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MOLNAR, LASZLO J
2580 S OCEAN BLVD
1-7B
PALM BEACH, FL 33480

DO NOT WRITE 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 _____
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	MOLNAR, LASZLO
STREET ADDRESS	2580 S OCEAN BLVD 1-7B
CITY-ST-ZIP	PALM BEACH, FL
TITLE	T
NAME	MOLNAR, JAMES
STREET ADDRESS	2580 S OCEAN BLVD STE 1-7B
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #