
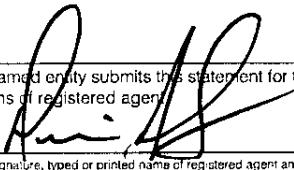
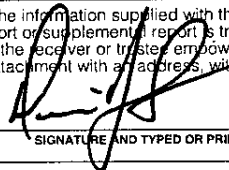


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90040 037 ***150.00

DOCUMENT # P94000093700					
1. Entity Name TRIPRITE, INC.					
Principal Place of Business 1901 FILLMORE ST, #102 HOLLYWOOD, FL 33020		Mailing Address 1901 FILLMORE ST, #102 HOLLYWOOD, FL 33020		24041826	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0548929	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PIOTRKOWSKI, JOEL S 627 71 STREET MIAMI BEACH, FL 33141				Name TRIPODI, MASSIMO Street Address (P.O. Box Number is Not Acceptable) 1901 FILLMORE ST. #102 City HOLLYWOOD FL Zip Code 33020	
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  MASSIMO TRIPODI				DATE 4-9-04	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSIMO, TRIPODI			NAME	D - PRESIDENT MASSIMO, TRIPODI
STREET ADDRESS	1901 FILLMORE ST, #102			STREET ADDRESS	1901 FILLMORE ST. #102
CITY-ST-ZIP	HOLLYWOOD, FL 33020			CITY-ST-ZIP	HOLLYWOOD FL. 33020
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	VICE. PRESIDENT DOMENICK, TRIPODI
STREET ADDRESS				STREET ADDRESS	1901 FILLMORE ST. #102
CITY-ST-ZIP				CITY-ST-ZIP	HOLLYWOOD FL. 33020
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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:  MASSIMO TRIPODI				PRESIDENT 4-9-04 954-927-6688	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	