


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 24, 2004 8:00 am
Secretary of State

06-24-2004 90078 035 ***150.00

DOCUMENT # P95000016465 1. Entity Name TRIPLE-L HOLDINGS, INC.	
---	---

Principal Place of Business 14241 S.W. 146TH TERRACE MIAMI, FL 33183	Mailing Address 14241 S.W. 146TH TERRACE MIAMI, FL 33183
--	--

54058616



06092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0561557	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent MARTINEZ, LENNI D 14241 S.W. 146TH TERRACE MIAMI, FL 33183	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, LENNI D 14241 S.W. 146TH TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, ROBERTO E 14241 S.W. 146TH TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ, LEXA M 14241 S.W. 146TH TERRACE MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALLICK, LISA M 14241 S.W. 146TH TERRACE MIAMI, FL 33183
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 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

Attachment

54058616

#P95000016465

Triple-L Holdings, Inc
14241 SW 146 Terr
Miami, FL 33186

To Whom it may concern:

I am sending my annual fee that was due on May 1st. The reason for the delay is that we mailed the post card requesting a report form on Feb 1 and never got a response. I called Tallahassee and was given instructions to download the report form, sign it and mail it together with an explanation for the delay and a check for \$150.00 as soon as possible.

Lenni D. Martinez

