

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000024470

FILED
Mar 07, 2004
Secretary of State

Entity Name: TRIVEST II, INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0575855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DRIVE
SUITE 800
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: BAKER, LINDA
Address: 2665 S BAYSHORE DR., # 800
City-St-Zip: MIAMI, FL 33133

Title: DP () Delete
Name: POWELL, EARL W
Address: 2665 S BAYSHORE DR SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: VT () Delete
Name: KATSIKAS, DANIEL
Address: 2665 SO BAYSHORE DR STE. 800
City-St-Zip: MIAMI, FL 33133

Title: CAS () Delete
Name: CALLEJAS, MARIA C
Address: 2665 S BAYSHORE SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: AS () Delete
Name: KUFFNER, MARILYN D
Address: 2665 S. BAYSHORE DRIVE SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCEO (X) Change () Addition
Name: POWELL, EARL W
Address: 2665 S BAYSHORE DR SUITE 800
City-St-Zip: MIAMI, FL 33133

Title: VCFO (X) Change () Addition
Name: KATSIKAS, DANIEL
Address: 2665 SO BAYSHORE DR STE. 800
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VGC () Change (X) Addition
Name: GERSHMAN, DAVID
Address: 2665 S. BAYSHORE DRIVE SUITE 800
City-St-Zip: MIAMI, FL 33133

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: MARILYN D. KUFFNER

AS

03/07/2004

Electronic Signature of Signing Officer or Director

_____ Date