

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000039551

1. Entity Name
TRIANGLE ASSOCIATES, INC.



Principal Place of Business
**14100 PALMETTO FRONTAGE ROAD
STE 203
MIAMI LAKES, FL 33016**

Mailing Address
**14100 PALMETTO FRONTAGE ROAD
STE 203
MIAMI LAKES, FL 33016**



03152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0671382

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fees Required

6. Name and Address of Current Registered Agent

**QUINTANA, OSIRIS
5910 DEVON LANE
DAVIE, FL 33331**

**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

3/28/06

(Signature typed or printed name of registered agent and file if applicable.)

(NOTE: Registered Agent signature required when relinquishing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000487585
04/13/06-80082-024 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
QUINTANA, OSIRIS
5910 DEVON LANE
FORT LAUDERDALE, FL 33331**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LAFE, ONIX D
18041 S.W. 81 COURT
FORT LAUDERDALE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/06

305.817.8443

Date

Daytime Phone If