



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000060592		
1. Entity Name TRINOVA, INC.		
Principal Place of Business 9660 US 301 SOUTH RIVERVIEW, FL 33569 US		Mailing Address 12250 SW 80 ST MIAMI, FL 33183 US
DO NOT WRITE IN THIS SPACE		
		 01102005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0694149 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 REEDY, MICHAEL CPA 305 N PARSONS AVE BRANDON, FL 33510		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U00000255684 03/08/05-80024-002 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSE, MAYRA 12800 SW 6 ST MIAMI, FL 33184	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOW, DENNIS 12250 S.W. 80TH ST MIAMI, FL 33183	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, R.M 15 SOUTH ESPLANDE DR #C MIAMI SPRINGS, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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)(f), 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: <u>Dennis Chow</u> Dennis Chow 3/4/05 305-274-7269 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		