

FILED
Apr 30, 2005 08:00 AM
Secretary of State

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P96000097011 | |  |
| 1. Entity Name TRISEP TECHNOLOGIES, INC. | | |
| Principal Place of Business C/O NICOLAS FERNANDEZ, P.A. 780 NW LEJEUNE RD #324 MIAMI, FL 33126 US | | Mailing Address 780 N.W. LEJEUNE ROAD SUITE 324 MIAMI, FL 33126 US |
| DO NOT WRITE IN THIS SPACE | | |
| | |  |
| | | 04262005 No Chg-P CR2E034 (10/03) |
| | | 4. FEI Number 65-0735672 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent ESQUIRE CORPORATE SERVICES, INC. 780 NW LEJEUNE RD #324 MIAMI, FL 33126 | | 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 resigning)</small> DATE _____ | | |
| 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 |
| 10. OFFICERS AND DIRECTORS | | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD BALLON, FRANK G 1110 BRICKELL AVE #430 MIAMI, FL 33131 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| 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 title empowered. | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4/26/05 (305) 9358533 <small>Date Daytime Phone #</small> |