

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90073 001 \*\*\*150.00

<b>DOCUMENT # P97000055310</b>					
<b>1. Entity Name</b> TRITON CAPITAL, INC.					
<b>Principal Place of Business</b> 4102 COCO PLUM CIR. COCONUT CREEK, FL 33063			<b>Mailing Address</b> 4102 COCO PLUM CIR. COCONUT CREEK, FL 33063		
<b>2. Principal Place of Business</b> P.O. Box 771086		<b>Mailing Address</b> P.O. Box 771086			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182004    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> CORAL SPRINGS, FLORIDA		<b>City &amp; State</b> CORAL SPRINGS, FLORIDA		<b>4. FEI Number</b> 65-0777279	
<b>Zip</b> 33077		<b>Country</b> U.S.A.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GROSSMAN, NEIL W 4102 COCO PLUM CIRCLE COCONUT CREEK, FL 33063				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, NEIL W 4102 COCO PLUM CIR. COCONUT CREEK, FL 33063	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSSMAN, NEIL W. P.O. BOX 771086 CORAL SPRINGS, FL 33077	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> <i>Neil W. Grossman</i> <b>NEIL W. GROSSMAN</b> <b>4/19/04</b> <b>954 340-7522</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					