



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90265 016 \*\*\*150.00

|  |                                 |  |   |  |  |
|--|---------------------------------|--|---|--|--|
| <b>DOCUMENT # P97000055310</b>   |                                 |  |   |   |  |
| <b>1. Entity Name</b><br>TRITON CAPITAL, INC.  |                                 |  |   |  |  |
| <b>Principal Place of Business</b><br>PO BOX 771086<br>CORAL SPRINGS, FL 33077   |                                 |  | <b>Mailing Address</b><br>PO BOX 771086<br>CORAL SPRINGS, FL 33077  |  |  |
| <b>2. Principal Place of Business</b><br>1440 Coral Ridge Drive<br>Suite, Apt. #, etc. #340<br>City & State Coral Springs, FL<br>Zip 33071 Country USA   |                                 | <b>3. Mailing Address</b><br>1440 Coral Ridge Drive<br>Suite, Apt. #, etc. #340<br>City & State Coral Springs, FL<br>Zip 33071 Country USA |   |  |  |
| <b>4. FEI Number</b><br>65-0777279   |                                 |  |   | 04152005 Chg-P CR2E034 (10/03)   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required  |                                 |  |   | Applied For Not Applicable   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>GROSSMAN, NEIL W<br>4102 COCO PLUM CIRCLE<br>COCONUT CREEK, FL 33063   |                                 |  | <b>7. Name and Address of New Registered Agent</b><br>Name Grossman, Neil W.<br>Street Address (P.O. Box Number is Not Acceptable) 1440 Coral Ridge Drive, #340<br>City Coral Springs FL Zip Code 33071 |  |  |
| <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><br>SIGNATURE <u>Neil W. Grossman</u> <u>Neil W. Grossman</u> <u>4/20/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                 |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>  |                                 |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE PD<br>NAME GROSSMAN, NEIL W<br>STREET ADDRESS PO BOX 771086<br>CITY-ST-ZIP CORAL SPRINGS, FL 33077   | <input type="checkbox"/> Delete |  | TITLE Grossman, Neil W.<br>NAME Grossman, Neil W.<br>STREET ADDRESS 1440 Coral Ridge Drive, #340<br>CITY-ST-ZIP Coral Springs, FL 33071   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>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> <u>Neil W. Grossman</u> <u>Neil W. Grossman</u> <u>4/20/05</u> <u>954-494-3801</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                                 |  |   |  |  |