

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90093 003 \*\*\*150.00

**DOCUMENT # P97000083530**

1. Entity Name  
TRIN-JAM, INC.



Principal Place of Business  
5121 NW 64 TERRACE  
FORT LAUDERDALE, FL 33319

Mailing Address  
5121 NW 64 TERRACE  
FORT LAUDERDALE, FL 33319

40113248



05112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0788251

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NOTICE, AZARIAH  
5121 NW 64 TERRACE  
FORT LAUDERDALE, FL 33319

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	NOTICE, MELITA
STREET ADDRESS	5121 NW 64 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	DVP
NAME	NOTICE, AZARIAH
STREET ADDRESS	5121 NW 64 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	D
NAME	MURRAY, GODFREY
STREET ADDRESS	5121 NW 64 TERRACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	
NAME	
STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-11-07 954 986 0045