


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 018 ***150.00

DOCUMENT # P98000020376 1. Entity Name TRICONY VIA CORP.	
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Principal Place of Business 313 1/2 WORTH AVENUE STE. B-1 PALM BEACH, FL 33480	Mailing Address 313 1/2 WORTH AVENUE STE. B-1 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0832283	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 TORRES, MICHAEL <i>Tricony Florida Corp.</i> C/O TRICONY MGMT, LLC 313 1/2 WORTH AVE STE B-1 PALM BEACH, FL 33480
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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]* (NOTE: Registered Agent signature required when reinstating) DATE: *4-5-07*

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TORRES, EDWARD ONE NORTH BREAKERS ROW PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Rick Torres</i> <i>339 Seawray Ave.</i> <i>Palm Beach, FL 33480</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Executive Vice President</i> <i>Michael Torres</i> <i>225 Russlyn Drive</i> <i>West Palm Beach, FL 33405</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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]* DATE: *4-5-07* (561)832-7088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR