

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000020376

1. Entity Name
TRICONY VIA CORP.



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



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0832283

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

TRICONY FLORIDA CORP
C/O TRICONY MGMT, LLC
313 1/2 WORTH AVE STE B-1
PALM BEACH, FL 33480

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000873228
04/10/08-80064-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TORRES, RICK
STREET ADDRESS	339 SEASPRAY AVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	TORRES, MICHAEL
STREET ADDRESS	225 RUSSLYN DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
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: Rick Torres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-08

Date

(561) 832-7088

Daytime Phone #