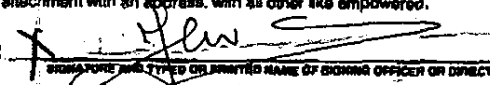


FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90024 035 ***150.00

ANNUAL REPORT

DOCUMENT # P98000021075			
1. Entity Name TRIO TRANSPORTATION, INC.			
Principal Place of Business 7061 GRAND NATIONAL DRIVE 105D ORLANDO, FL 32819		Mailing Address 7061 GRAND NATIONAL DRIVE 105D ORLANDO, FL 32819	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3497262		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRANSPORTATION INC. NABILJAVAR 7061 GRAND NATIONAL DR. SUITE 105D ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name DEWAN ALBERTEEN Street Address (P.O. Box Number is Not Acceptable) 8064 CANYON LAKE CIR City ORLANDO FL 32835	
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  DATE 7/7/04			
☒ FILE NOW!!! FEB 13 \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT JAVAR, NABIL 8064 CANYON LAKE CIR. ORLANDO, FL 32835 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DEWAN, ALBERTEEN 8064 CANYON LAKE CIR. ORLANDO, FL 32835 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT5 DEWAN ALBERTEEN 8064 CANYON LAKE CIR ORLANDO FL 32835 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		DATE: 7/7/04 TELEPHONE: 407-248-1900	