ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90024 035 ***150.00

DOCUMENT # P98000021075

1. Entity Name
TRIO TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
7061 GRAND NATIONAL DRIVE 105D ORLANDO, FL 32819	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

07082004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3497252 ☐ 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 Zip Code: 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: [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 7/7/04

✓ **FILE NOW!!! FEE IS $150.00 Due by September 8, 2004**

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			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	DPTS 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
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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)(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.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 7/7/04 Daytime Phone #: 407-248-1900