



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000067485	
1. Entity Name TRICONY SARASOTA CORP.	

Principal Place of Business 313 1/2 WORTH AVENUE SUITE B1 PALM BEACH, FL 33480	Mailing Address 313 1/2 WORTH AVENUE SUITE B1 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE

	
03232005 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0856098	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 C/O TRICONY MGT. 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		U000000284163 04/01/05-80057-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, EDWARD ONE NORTH BREAKERS ROW PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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: 	3-25-05 (561) 832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDWARD TORRES	Date Daytime Phone #