2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000090959

Entity Name: TRIVEST-DYNO CO.

FILED Apr 08, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
C/O TRIVEST, INC. 2665 SOUTH BAYSHORE DRIVE #800 MIAMI, FL 331335401				C/O TRIVEST PARTNERS, L.P. 2665 SOUTH BAYSHORE DRIVE #800 MIAMI, FL 331335401			
Current Mailing Address:				New Mailing Address:			
C/O TRIVEST, INC. 2665 SOUTH BAYSHORE DRIVE #800 MIAMI, FL 331335401				C/O TRIVEST PARTNERS, L.P. 2665 SOUTH BAYSHORE DRIVE #800 MIAMI, FL 331335401			
FEI Number:	: 65-0870608	FEI Number Applied For ()	FEI Num	nber Not Appli	icable ()	Certificate of Sta	atus Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of Ne	w Registered	l Agent:
STE 800 MIAMI, FL The above	TH BAYSHOR 331335401 U		urpose of	f changing it	ts registered offi	ce or register	ed agent, or both,
SIGNATU							
Election Car		ic Signature of Registered Ager Trust Fund Contribution ().	nt			Date	
	S AND DIREC	,		ADDITION	S/CHANGES T	O OFFICERS	AND DIRECTORS
Title: Name: Address: City-St-Zip:	JONES, JAMES	NS RD., STE 105		Title: Name: Address: City-St-Zip:	()C	:hange () Additi	on
Title: Name: Address: City-St-Zip:	MCDOWELL, D	ORE DRIVE #800		Title: Name: Address: City-St-Zip:	() C	hange () Additi	on
Title: Name: Address: City-St-Zip:	POWELL, EARI	ORE DR. STE 800		Title: Name: Address: City-St-Zip:	() C	hange () Additi	on
Title: Name: Address: City-St-Zip:	DP () GILLEN, MICHA 1571 W. COPA POMPANO BEA	.EL T NS RD., STE. 105		Title: Name: Address: City-St-Zip:	D (X) C GILLEN, MICHAE 1571 W. COPANS POMPANO BEAC	S RD., STE. 105	on
Title: Name: Address: City-St-Zip:	KUFFNER, MAF	HORE DR STE 800		Title: Name: Address: City-St-Zip:	()C	hange () Additi	on
Title: Name: Address: City-St-Zip:	ELIAS, JON E	Delete AYSHORE DR STE 800		Title: Name: Address: City-St-Zip:	()0	hange () Additi	on

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN D. KUFFNER S 04/08/2004

DAVID GERSHMAN GC 2665 SO BAYSHORE DR STE 800 MIAMI FL 33133

JIM MOYNIHAM P 1571 WEST COPANS RD STE 105 POMPANO BEACH FL 33064

CANDIDO SOSA CFO 1571 WEST COPANS RD STE 105 POMPANO BEACH FL 33064