2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

12. I hereby certify that the information

SIGNATURE:

indicated on this report or supple of the corporation or the receive changed, or on an attachment supplied with this filing

mental report is true or trustee empowers

## May 03, 2004 08:00 AN Secretary of State DOCUMENT # P99000038185 1. Entity Name TRION VENTURES XI. INC. Principal Place of Business Mailing Address 4901 N FEDERAL HIGHWAY 4901 N FEDERAL HIGHWAY LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-0915277 Not Applicat Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BATCHELDER, DRAKE M Street Address (P.O. Box Number is Not Acceptable) 450 E. LAS OLAS BLVD. SUITE 950 FT. LAUDERDALE FL 33301 Zip Code 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 Signature, typed or printed name of registered about and title if applicable, (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TILLE 1 ☐ Delete TITLE NAME NAME BARBER, KENNETH T STREET ADDRESS STREET ADDRESS 4901 N FED HWY, #100 CATY-ST-ZIP FORT LAUDERDALE FL 33308 150.00 CITY-ST-ZiP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete T/D F TITLE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition Delete TITLE MILE MAME NAME STREET ADDRESS STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP ☐ Addition 🗀 Delete THE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-789

G OFFICER OR DIRECTOR

cles not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED**