

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000060820

Entity Name: TRINIDAD SALINAS, INC

FILED  
Jul 27, 2009  
Secretary of State

## Current Principal Place of Business:

176 ROYAL PINE CIRCLE SOUTH  
ROYAL PALM BEACH, FL 33411

## New Principal Place of Business:

## Current Mailing Address:

176 ROYAL PINE CIRCLE SOUTH  
ROYAL PALM BEACH, FL 33411

## New Mailing Address:

10258 RIVERSIDE DRIVE  
SUITE #2  
PALM BEACH GARDENS, FL 33410

FEI Number: 65-0938032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALINAS, TRINIDAD Z  
176 ROYAL PINE CIRCLE SOUTH  
ROYAL PALM BEACH, FL 33411 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SALINAS, TRINIDAD Z  
Address: 176 ROYAL PINE CIRCLE SOUTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SALINAS, TRINIDAD Z  
Address: 176 ROYAL PINE CIRCLE SOUTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: P ( ) Change (X) Addition  
Name: NOYES, KERRI A  
Address: 37 RUSSELL STREET  
City-St-Zip: TEQUESTA, FL 33469 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TRINIDAD Z. SALINAS

VP

07/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date