

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000060820

Entity Name: TRINIDAD SALINAS, INC

**FILED**  
**Apr 22, 2011**  
**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:**

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

**New Mailing Address:**

176 ROYAL PINE CIRCLE SOUTH  
ROYAL PALM BEACH, FL 33411

FEI Number: 65-0937720

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SALINAS, TRINIDAD Z  
Address: 176 ROYAL PINE CIRCLE SOUTH  
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

I hereby 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 all other like empowered.

SIGNATURE: TRINIDAD SALINAS

PRES

04/22/2011

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

\_\_\_\_\_  
Date