


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90067 043 ***150.00

DOCUMENT # P99000107331 1. Entity Name WILFREDO TRINIDAD C.P.A., P.A.					
Principal Place of Business 1365 OAKFIELD DRIVE BRANDON, FL 33511			Mailing Address 2819 MINUTEMAN LANE BRANDON, FL 33511		
2. Principal Place of Business 2819 MINUTEMAN LANE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRANDON, FL		City & State		4. FEI Number 59-3613921	
Zip 33511		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRINIDAD, WILFREDO 1365 OAKFIELD DRIVE BRANDON, FL 33511				7. Name and Address of New Registered Agent Name: WILFREDO TRINIDAD Street Address (P.O. Box Number is Not Acceptable): 2819 MINUTEMAN LANE City: BRANDON, FL Zip Code: 33511	
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: <i>Wilfredo Trinidad</i> DATE: 1/16/06 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC TRINIDAD, WILFREDO 2819 MINUTEMAN LANE BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 a address, with all other like empowered.					
SIGNATURE: <i>Wilfredo Trinidad</i> DATE: 1/16/06 (813) 355-6521 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					