

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63503

Entity Name: TRIMEC N.A., INC.

FILED  
Jul 07, 2004  
Secretary of State

## Current Principal Place of Business:

7171 NW 74 ST  
MIAMI, FL 331662534

## New Principal Place of Business:

P.O. BOX 900488  
HOMESTEAD, FL 33090

## Current Mailing Address:

7171 NW 74 ST  
MIAMI, FL 331662534

## New Mailing Address:

P.O. BOX 900488  
HOMESTEAD, FL 33090

FEI Number: 65-0277479

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MEARS, SUZIE  
7171 NW 74 ST  
MIAMI, FL 33166 US

## Name and Address of New Registered Agent:

MEARS, SUZIE  
P.O. BOX 900488  
HOMESTEAD, FL 33190 US

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:

07/07/2004

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: DP ( ) Delete  
Name: MEARS, SUZANNE,  
Address: 7171 NW 74 ST  
City-St-Zip: MIAMI, FL

Title: VP ( ) Delete  
Name: MEARS, LARIE  
Address: 7171 NW 74 ST  
City-St-Zip: MIAMI, FL 33166

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MEARS, SUZANNE,  
Address: P.O. BOX 900488  
City-St-Zip: HOMESTEAD, FL 33090

Title: VP (X) Change ( ) Addition  
Name: MEARS, LARIE  
Address: P.O. BOX 900488  
City-St-Zip: HOMESTEAD, FL 33090

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: SUZANNE MEARS

DP

07/07/2004

Electronic Signature of Signing Officer or Director

Date