


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V01428</b> 1. Entity Name <b>TRIPLE FREIGHT MARINE CORP.</b>	
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Principal Place of Business <b>1990 NW 82ND AVE MIAMI, FL 33126 US</b>	Mailing Address <b>1990 NW 82ND AVE MIAMI, FL 33126 US</b>
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04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0302839</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VINCENZO, MATTIOLI 1990 NW 82ND AVE MIAMI, FL 33126</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000129059  
04/26/04-80063-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RINCON, ROBERTO 1990 NW 82ND AVE MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V MATTIOLI, VINCENZO 1990 NW 82ND AVE MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S LOPEZ, MARLENE 1990 NW 82 AVE MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T VINCENZO MATTIOLI 1990 NW 82 AVE MIAMI, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.

**SIGNATURE:** ROBERTO RINCON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 (305) 544 7644  
Date Daytime Phone #