# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 09, 2009**
**Secretary of State**

DOCUMENT# V42920

**Entity Name:** TRIPLE NET, INC.

**Current Principal Place of Business:**

3325 S UNIVERSITY DR #110
DAVIE, FL 33328 US

**New Principal Place of Business:**

3325 S UNIVERSITY DR
SUITE 110
DAVIE, FL 33328 US

**Current Mailing Address:**

3325 S UNIVERSITY DR #110
DAVIE, FL 33328 US

**New Mailing Address:**

3325 S UNIVERSITY DR
SUITE 110
DAVIE, FL 33328 US

**FEI Number: 65-0342188** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WINOCUR, RICARDO
3325 S UNIVERSITY DR
SUITE 110
DAVIE, FL 33328 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete
Name: WINOCUR, RICARDO,
Address: 3325 SO. UNIVERSITY DR #110
City-St-Zip: DAVIE, FL 33328

Title: VD ( ) Delete
Name: WINOCUR, OLGA
Address: 3325 SO. UNIVERSITY DR #110
City-St-Zip: DAVIE, FL 33328

Title: S ( ) Delete
Name: WINOCUR, ADRIANA M
Address: 3325 S UNIV. DR 110
City-St-Zip: FORT LAUDERDALE, FL 33328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WINOCUR, ADRIANA M
Address: 3325 S UNIV. DR 110
City-St-Zip: DAVIE, FL 33328

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: RICARDO WINOCUR P 03/09/2009

Electronic Signature of Signing Officer or Director Date