


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90192 028 ****50.00

DOCUMENT # L06000028509

1. Entity Name
TRIDELCA, LLC



Principal Place of Business
**6700 NW 114TH AVE. #906
 DORAL, FL 33178**

Mailing Address
**6700 NW 114TH AVE. #906
 DORAL, FL 33178**

2. Principal Place of Business - No P.O. Box #
10300 NW 19TH STREET

3. Mailing Address
10300 NW 19TH. STREET

Suite, Apt. #, etc.
SUITE 104

Suite, Apt. #, etc.
SUITE 104

City & State
DORAL, FL

City & State
DORAL, FL

Zip
33172

Country
U.S.A.

Zip
33172

Country
USA



02222007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**PAUL SALVER, P.A.
 2721 EXECUTIVE PARK DRIVE #3
 WESTON, FL 33331**

4. FEI Number
20-4513087

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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.

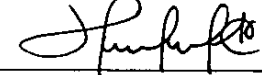
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRO, WILLBURG CALLE LA ALMEDA EDIF ALAMEDA REGENCY PISO APT. 32 EL ROSAL, CARACAS V. <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	MGE BEJARANO, JUAN CARLOS CARRERA 5 #17 URBANIZACION DELFIN MENDOZA TUCUPITA EDO DELTA AMACURO V. <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	MGE HERNANDEZ, RENE AV. GUASIMA QTA. SAN ANTONIO TUCUPITA EDO DELTA AMACURO V. <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	D HARADA, HIROSHI 6700 NW 114TH AVE., #906 DORAL, FL 33178 <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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **02/22/07** **(305)629-8715**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #