

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000041602

Entity Name: TRIESTE CORP.**Current Principal Place of Business:**150 SUNRISE DRIVE APT 5A
KEY BISCAYNE, FL 33143**Current Mailing Address:**150 SUNRISE DRIVE APT 5A
KEY BISCAYNE, FL 33143**FEI Number:** 41-2282361**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	PEGAN, RAUL J
Address	150 SUNRISE DRIVE APT 5A
City-State-Zip:	KEY BISCAYNE FL 33143

Title	DV
Name	LLAMOZAS, MONICA V
Address	150 SUNRISE DRIVE APT 5A
City-State-Zip:	KEY BISCAYNE FL 33143

Title	V
Name	ARDITO PEGAN, RAUL J
Address	150 SUNRISE DRIVE APT 5A
City-State-Zip:	KEY BISCAYNE FL 33143

Title	ST
Name	PEGAN, CHRISTINA A
Address	150 SUNRISE DRIVE APT 5A
City-State-Zip:	KEY BISCAYNE FL 33143

Title	COO
Name	ANDRES, MOSER R
Address	6934 SW 159TH AVE
City-State-Zip:	MIAMI FL 33193

I hereby 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 all other like empowered.

SIGNATURE: ANDRES MOSER

COO

01/14/2019

Electronic Signature of Signing Officer/Director Detail_____
Date