

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S78914

**Entity Name:** TRIANGOLO PROFESSIONAL GROUP, INC.

**Current Principal Place of Business:**

6196 NW 11TH STREET  
SUNRISE, FL 33313

**Current Mailing Address:**

6196 NW 11TH STREET  
SUNRISE, FL 33313

**FEI Number:** 65-0288310

**Certificate of Status Desired:** No

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

TRIANGOLO, EDWARD PPD  
6196 NW 11TH STREET  
SUNRISE, FL 33313 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	PD	Title	SECRETARY
Name	TRIANGOLO, EDWARD PPD	Name	ANDERSON, LEA
Address	6196 NW 11TH STREET	Address	47 SEDGEMEADOW RD
City-State-Zip:	SUNRISE FL 33313	City-State-Zip:	WAYLAND MA 01778

*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:** EDWARD P TRIANGOLO

PD

01/25/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date