

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10197

Entity Name: TRIVEST, INC.**Current Principal Place of Business:**550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146**Current Mailing Address:**550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146 US**FEI Number:** 36-3352654**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GERSHMAN, DAVID
550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146 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	SGC
Name	GERSHMAN, DAVID
Address	550 SOUTH DIXIE HIGHWAY, SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

Title	CFO
Name	MORAN, RICHARD H
Address	550 SOUTH DIXIE HIGHWAY, SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

Title	PCEO
Name	TEMPLETON, TROY D
Address	550 SOUTH DIXIE HIGHWAY, SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

Title	TCON
Name	CALLEJAS, MARIA
Address	550 SOUTH DIXIE HIGHWAY, SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

Title	ASVP
Name	BAKER, LINDA
Address	550 SOUTH DIXIE HIGHWAY, SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

Title	AS
Name	DENNIS, PHYLLIS G
Address	550 SOUTH DIXIE HIGHWAY, SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

Title	DIRECTOR
Name	POWELL, EARL W
Address	550 SOUTH DIXIE HIGHWAY SUITE 300
City-State-Zip:	CORAL GABLES FL 33146

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: PHYLLIS G. DENNIS**ASSISTANT SECRETARY** 02/12/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date