

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K19102

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** TROPICAL RAINFOREST, INC.

**Current Principal Place of Business:**

880 NW 1ST AVE  
BOCA RATON, FL 33432 US

**New Principal Place of Business:**

466 NE 32 STREET  
BOCA RATON, FL 33431 US

**Current Mailing Address:**

880 NW 1ST AVE  
BOCA RATON, FL 33432 US

**New Mailing Address:**

466 NE 32 STREET  
BOCA RATON, FL 33431 US

**FEI Number:** 65-0057730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARKA, MICHAEL  
880 N.W. 1ST AVE  
BOCA RATON, FL 33432 US

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

SARKA, MICHAEL  
466 NE 32 STREET  
BOCA RATON, FL 33431 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:

01/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OD  
Name: SARKA, MICHAEL  
Address: 466 NE 32 STREET  
City-St-Zip: BOCA RATON, FL 33431 US

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: MICHAEL SARKA

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date