2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N98000000525

Entity Name: TROPICAL RAINFOREST FOUNDATION, INC.

Current Principal Place of Business:

1688 MERIDIAN AVENUE
SUITE 400
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1688 MERIDIAN AVENUE
SUITE 400
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0829147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL I GREENBERG, PA
6647 SW 65TH TERR
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	S	( ) Delete
Name:	FISCHER, GUISELA	
Address:	CARR. EL SALVADOR KM 15.5 WESTFALIA 2, CAS	
City-St-Zip:	GUATEMALA CITY, GU 01015	
Title:	T	( ) Delete
Name:	COOK, PETER	
Address:	AV. LAS AMéRICAS 18-81 ZONA 14, COLUMBUS C	
City-St-Zip:	GUATEMALA CITY, GUATEMALA, GU 01015	
Title:	D	( ) Delete
Name:	DE PAZ, OSCAR ROBERTO	
Address:	5ª. AVE. 12-31 ZONA 9, EDIF. EL CORTéZ, 4º	
City-St-Zip:	GUATEMALA CITY, GUATEMALA, GU 01015	
Title:	D	( ) Delete
Name:	LOVETT, TIFFANY	
Address:	625 WALTHER WAY	
City-St-Zip:	LOS ANGELES, CA 90049	
Title:	P	( ) Delete
Name:	DE PAZ, VIDA AMOR N	
Address:	5ª. AVE. 12-31 ZONA 9, EDIF. EL CORTéZ, 4º	
City-St-Zip:	GUATEMALA CITY, GUATEMALA, GU 01015	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR ROBERTO DE PAZ D 01/22/2009

Electronic Signature of Signing Officer or Director — Date