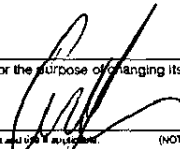
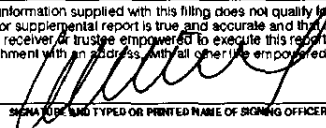


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91864 001 ***600.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000074893		
1. Entity Name TROPICAL HARDWOODS, INC.		
Principal Place of Business 601 BRICKELL KEY DRIVE STE 705 MIAMI, FL 33134		Mailing Address 601 BRICKELL KEY DRIVE STE 705 MIAMI, FL 33134
2. Principal Place of Business 45 SW 24 RD Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.
City & State Miami FL		City & State
Zip 33129	Country	Zip Country
4. FEI Number 65-1132543		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BAJANDAS, RICARDO 601 BRICKELL KEY DRIVE STE 705 MIAMI, FL 33134		7. Name and Address of New Registered Agent Name GEORGE SARNZ, CPA, P.A. Street Address (P.O. Box) 45 S.W. 24th Road Miami, Florida 33129 City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/16/03 Signature, typed or printed name of registered agent and date of signature. (NOTE: Registered Agent's signature required when withdrawing.)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP P CORTEZ MORENO, RICARDO RENE 500 S. FLORIDA AVE, #705 MIAMI, FL 33131		☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13 GIZARD BAY ESTATES CIR KEY BISCAYNE FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP FIGUEROA, JOSE L 500 S. FLORIDA AVE, #705 MIAMI, FL 33131		☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS BAJANDAS, RICARDO 500 S. FLORIDA AVE, #705 MIAMI, FL 33134		☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.		
SIGNATURE:  DATE 4/16/03 Signature, typed or printed name of signing officer or director		Deputy Phone #

CR2E034 (10/02)