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	Mailing Address
~~601 BRICKELL KEY DRIVE~~ STE 705 ~~MIAMI, FL 33131~~	~~601 BRICKELL KEY DRIVE~~ STE 705 ~~MIAMI, FL 33131~~

2. Principal Place of Business	3. Mailing Address
45 SW 24 RD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33129 Country	Zip Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
~~BAJANDAS, RICARDO~~ ~~601 BRICKELL KEY DRIVE~~ STE 705 ~~MIAMI, FL 33131~~	Name Street Address (P.O. Box not acceptable): GEORGE SAENZ, CPA, P.A. 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 title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1st 2003 Fee will be $550.00
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 GRAND BAY ESTATES CIR KEY BISCAYNE FL 33149	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ FIGUERDA, JOSE L ~~500 S. FLORIDA AVE~~ , #705 ~~MIAMI, FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~AS~~ ~~BAJANDAS, RICARDO~~ ~~500 S. FLORIDA AVE~~ , #705 ~~MIAMI, FL 33131~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the receiver 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 like empowered.

SIGNATURE: _____ 4/16/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #