

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-05-2008 90243 021 ***150.00

DOCUMENT # P05000076514 1. Entity Name TROPICAL BEACH CAFE, CORP																																											
Principal Place of Business 2891 COLLINS AVE MIAMI BEACH FL 33140 US		Mailing Address 4685 NW 9TH ST APT. #103 MIAMI FL 33126 US																																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2891 COLLINS AVE Suite, Apt. #, etc.																																									
City & State MIAMI BEACH, FL Zip 33140		City & State MIAMI BEACH, FL Zip 33126																																									
Country United States		Country United States																																									
4. FEI Number 20-2916593		Applied For ☐ Not Applicable																																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																									
6. Name and Address of Current Registered Agent DIAZ, JUAN P 4685 NW 9 STREET APT. # 103 MIAMI FL 33126		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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: <u>Juan P Diaz</u> DATE: _____																																											
FILE NOW (U) FEE IS \$150.00 After May 1, 2008 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: center;"> ☐ Delete </td> </tr> <tr> <td></td> <td>DIAZ, JUAN P</td> <td>4685 NW 9 STREET APT. #103</td> <td></td> </tr> <tr> <td></td> <td>MIAMI FL 33126</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	☐ Delete		DIAZ, JUAN P	4685 NW 9 STREET APT. #103			MIAMI FL 33126			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 30%;">STREET ADDRESS</td> <td style="width: 10%; text-align: center;"> ☐ Change ☐ Addition </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	☐ Change ☐ Addition																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Juan P Diaz</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>6/2/08</u> Date of Filing																																									