

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022692

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Entity Name:** TROPICAL SATELLITE COMMUNICATIONS INC

**Current Principal Place of Business:**

6408 N ARMENIA AVE  
2DA  
TAMPA, FL 33604

**New Principal Place of Business:**

6424 N ARMENIA AVE  
TAMPA, FL 33604

**Current Mailing Address:**

6408 N ARMENIA AVE  
2DA  
TAMPA, FL 33604

**New Mailing Address:**

6424 N ARMENIA AVE  
TAMPA, FL 33604 US

**FEI Number:** 20-4319001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARDENAS, LUIS A  
4468 AMBERLY OAKS CT  
TAMPA, FL 33614 US

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

CARDENAS, LUIS A  
6224 CANNOLI PL  
RIVERVIEW, FL 33578 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/21/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARDENAS, LUIS A  
Address: 6224 CANNOLI PL  
City-St-Zip: RIVERVIEW, FL 33578

Title: VP  
Name: CARDENAS, ALEIDA  
Address: 6224 CANNOLI PL  
City-St-Zip: RIVERVIEW, FL 33578

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: LUIS A CARDENAS

Electronic Signature of Signing Officer or Director

P

02/21/2011

Date