


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 024 ***158.75

| | | | |
|---|--|---|--|
| DOCUMENT # 855682 | |  | |
| 1. Entity Name TROPICAL CENTER N.V. | | | |
| Principal Place of Business 2307 DOUGLAS ROAD 500 MIAMI, FL 33145 US | | Mailing Address 2307 DOUGLAS ROAD 500 MIAMI, FL 33145 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| INTERNATIONAL SUNSHINE CORP 2307 DOUGLAS ROAD SUITE 500 MIAMI, FL 33145 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PD <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FIRST INDEPENDENT TRUST | NAME | |
| STREET ADDRESS | 740 NE 167 STREET #66 | STREET ADDRESS | |
| CITY-ST-ZIP | NORTH MIAMI, FL | CITY-ST-ZIP | |
| TITLE | A <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALAYO, WILSON J | NAME | |
| STREET ADDRESS | 2307 DOUGLAS RD. | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL | CITY-ST-ZIP | |
| TITLE | A <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ZINGG, EDGARDO | NAME | A |
| STREET ADDRESS | 2307 DOUGLAS ROAD, #500 | STREET ADDRESS | Zingg Carlos E. |
| CITY-ST-ZIP | MIAMI, FL 33145 | CITY-ST-ZIP | 2307 Douglas Rd #500 |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, without other like empowered. | | | |
| SIGNATURE: _____ | | Date: <u>3/10/06</u> Daytime Phone #: <u>305-445-9001</u> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

30004453



02092006 Chg-P CR2E034 (11/05)

4. FEI Number **52-1289177** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required