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Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90042 022 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L80830

1. Entity Name
TROPICAL FINANCE, INC.

Principal Place of Business	Mailing Address
MIGUEL M. GONZALEZ, P.A. 525 N.W. 27TH AVENUE, STE. MIAMI, FL 33125 US	MIGUEL M. GONZALEZ, P.A. 525 N.W. 27TH AVENUE, STE. MIAMI, FL 33125 US

DO NOT WRITE IN THIS SPACE

03012008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0200899

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MIGUEL M
525 N.W. 27TH AVENUE, SUITE 105A
MIAMI, FL 33125

9. 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

8. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DE HOLGUIN, GRACIELA R
STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 105A
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	HOLGUIN, JULIAN V
STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 105A
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	HOLGUIN, ANDRES
STREET ADDRESS	525 N.W. 27TH AVENUE, SUITE 105A
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: _____ April 02/08 305-649-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #