

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K78429

**Entity Name:** TROPICAL ALLIANCE CORP.

**Current Principal Place of Business:**

2114 NW 40TH TERR  
SUITE D-2  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2114 NW 40TH TERR  
SUITE D-2  
GAINESVILLE, FL 32605 US

**FEI Number:** 65-0109559

**Certificate of Status Desired:** No

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

LEBOSS, RYAN  
2114 NW 40TH TERR  
SUITE D-2  
GAINESVILLE, FL 32605 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LEBOSS, RYAN  
Address 2114 NW 40TH TERR  
SUITE D-2  
City-State-Zip: GAINESVILLE FL 32605

*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:** RYAN LEBOSS

PD

02/10/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date