

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000023769

**Entity Name:** TROPICAL KEY, INC.

**Current Principal Place of Business:**

5157 N.W. 74TH AVE.  
MIAMI, FL 33166

**Current Mailing Address:**

3565 WEST GLENCOE STREET  
COCONUT GROVE, FL 33133 US

**FEI Number:** 65-0988628

**Certificate of Status Desired:** No

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

RINGEL, THOMAS  
9130 SOUTH DADELAND BOULEVARD  
SUITE 1225  
MIAMI, FL 33156 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 OP  
Name WILSON, DONNA  
Address 3565 WEST GLENCOE STREET  
City-State-Zip: COCONUT GROVE FL 33133

*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:** DONNA WILSON

**OWNER**

**04/29/2015**

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

\_\_\_\_\_  
Date