

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P23000054165

**Entity Name:** TROPICAL TECH COOLING, INC.

**Current Principal Place of Business:**

5130 SOCIETY PLACE UNIT F  
WPB, FL 33415

**Current Mailing Address:**

5130 SOCIETY PLACE UNIT F  
WPB, FL 33415 UN

**FEI Number:** 93-2521273

**Certificate of Status Desired:** No

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

ESPINOZA, BENJAMIN  
5130 SOCIETY PLACE UNIT F  
WPB, FL 33415 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 P  
Name ESPINOZA, BENJAMIN  
Address 5130 SOCIETY PL W  
UNIT F  
City-State-Zip: WEST PALM BEACH FL 33415

Title VP  
Name PEREZ, YOENDI  
Address 10375 CARMEN LN  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title CT  
Name PEREZ, JENNYFER  
Address 10375 CARMEN LN  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title CS  
Name ROSADO, EILIN  
Address 5130 SOCIETY PL W  
UNIT F  
City-State-Zip: WEST PALM BEACH FL 33415

*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:** EILIN ROSADO

**SECRETARY**

**03/07/2024**

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

\_\_\_\_\_  
Date