

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000034678

**Entity Name:** TROPICAIRE DEVELOPMENT, INC.

**FILED**  
**Mar 10, 2015**  
**Secretary of State**  
**CC1885236709**

**Current Principal Place of Business:**

9769 S. DIXIE HWY  
SUITE 201  
MIAMI, FL 33156

**Current Mailing Address:**

9769 S. DIXIE HWY  
SUITE 201  
MIAMI, FL 33156 US

**FEI Number: 65-0424284**

**Certificate of Status Desired: No**

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

OGDEN, RICHARD W  
9769 S DIXIE HIGHWAY  
SUITE 201  
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 PD  
Name RICHARD W OGDEN  
Address 5590 SW 92 ST  
City-State-Zip: MIAMI FL 33156

Title VS  
Name KRISTIN LEEDS  
Address 9769 S DIXIE HIGHWAY # 201  
City-State-Zip: MIAMI FL 33156

Title VP  
Name OGDEN, ANDREW J MR.  
Address 9769 S. DIXIE HWY  
SUITE 201  
City-State-Zip: MIAMI FL 33156

*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: RICHARD W OGDEN**

**PRESIDENT**

**03/10/2015**

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

\_\_\_\_\_  
Date