


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90101 011 ***150.00

DOCUMENT # 149383

1. Entity Name
TROUP BROS., INC.



Principal Place of Business Mailing Address
150 SE 2ND AVE., STE 1200 **150 SE 2ND AVE., STE 1200**
MIAMI, FL 33131 **MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1001 BRICKELL BAY DRIVE **1001 BRICKELL BAY DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1400 **1400**

City & State City & State
MIAMI, FL **MIAMI, FL**
 Zip Country Zip Country
33131 **USA** **33131** **USA**

6. Name and Address of Current Registered Agent
ROSEN, BORIS
150 SE 2ND AVE., STE 1200
MIAMI, FL 33131

60003566



01082007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-6068385 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name
ROSEN, BORIS
 Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE STE 1400
 City State Zip Code
MIAMI, FL 33131

8. 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: *Boris Rosen* DATE: 1-10-07

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, HELENE Z. 730 S ALHAMBRA CIR MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MCGRATH, KATHARINA 730 S ALHAMBRA CIR MIAMI, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Helene Z. Troup* **HELENE Z TROUP** DATE: 1-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #