

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90005 017 \*\*\*\*61.25

**DOCUMENT # 707865**

1. Entity Name  
**TROPICAL LETTER CARRIERS HOLDING CORP.**



Principal Place of Business  
**70 N.E. 39TH ST.  
MIAMI, FL 33137**

Mailing Address  
**70 N.E. 39TH ST.  
MIAMI, FL 33137**

**DO NOT WRITE IN THIS SPACE**



03162007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**59-6155070**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**STONE, DAVID E.  
12555 BISCAYNE BLVD STE 222  
N MIAMI, FL 33181**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
LUYANDA, SANTOS  
12641 NW 13 CT  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
NUTTER, BILLIE  
PO BOX 4155  
HIALEAH, FL 33014**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
TRAVERS, MARK  
6219 NW 17TH ST  
MARGATE, FL 33063**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
RODRIGUEZ, JAVIER  
12418 N.W. 7 LANE  
MIAMI, FL 33182**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
COLEBROOK, BERNARD  
1777 NW 89 TERR  
MIAMI, FL 33147**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
PEREZ, EUGINO  
3198 SW 177 AVE  
HOLLYWOOD, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/16/2007 305-576-0464**