

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90031 023 ****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008 Chg-NP CR2E037 (12/06)

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 -

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Paul Lehoux
10201 NW 24 Court
Sunrise, FL 33322** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director
Matthew Rose
129 Ashby Cove Lane
New Smyrna Beach FL 32168** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

EUGENIO PEREZ

1/30/08 355 576-0464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #