## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 707865**

FILED Feb 06, 2009 Secretary of State

Entity Name: TROPICAL LETTER CARRIERS HOLDING CORP.

Current Principal Place of Business:		New Princ	New Principal Place of Business:		
70 N.E. 39 MIAMI, FL					
Current Mailing Address:			New Maili	New Mailing Address:	
70 N.E. 39 MIAMI, FL					
FEI Number: 59-6155070 FEI Number Applied For ( ) FEI		FEI Number Not Appl	lumber Not Applicable ( ) Certificate of Status Desired ( )		
Name and	d Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:	
n Miami, i	CAYNE BLVD FL 33181 L	JS	ourpose of changing i	ts registered office or registered agent, or both,	
in the Stat	e of Florida.		ran pedde o'r o'r ariginig i'r	to register our emission register our agent, or beau,	
SIGNATU		nia Signatura of Dagistarad Age		Data	
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	D ( LEHOUX, PAU 10201 NW 24 ( SUNRISE, FL	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROSE, MATTH 129 ASHBY CO		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( TRAVERS, MA 6219 NW 17TH MARGATE, FL	H ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD ( RODRIGUEZ, 12418 N.W. 7 MIAMI, FL 331	LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	COLEBROOK, 1777 NW 89 T	ERR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip:	MIAMI, FL 331				

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENIO PEREZ TD 02/06/2009