

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003479

FILED
Apr 20, 2009
Secretary of State

Entity Name: TPS INTERNATIONAL INC.

Current Principal Place of Business:

3330 NE 190 STREET
SUITE 311
AVENTURA, FL 33180

New Principal Place of Business:

SW 53RD COURT
15771
MIRAMAR, FL 33027 US

Current Mailing Address:

3330 NE 190 STREET
SUITE 311
AVENTURA, FL 33180

New Mailing Address:

P.O. BOX 601564
NORTH MIAMI BEACH, FL 33160 US

FEI Number: 20-4175718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMPERSAD, HUBERT K
3330 NE 190 STREET
SUITE 311
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

RAMPERSAD, HUBERT K
SW 53RD COURT
15771
MIRAMAR, FL 33027 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:

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: RAMPERSAD, HUBERT K
Address: 3330 NE 190 STREET #311
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: RAMPERSAD, HUBERT K
Address: P.O. BOX 601564
City-St-Zip: NORTH MIAMI BEACH, FL 33160 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUBERT RAMPERSAD

PRES

04/20/2009

Electronic Signature of Signing Officer or Director

Date