

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G69946

Entity Name: TROPICUBA, INC.

FILED
Apr 28, 2004
Secretary of State

Current Principal Place of Business:

15719 SW 90 TER
MIAMI, FL 33196 US

New Principal Place of Business:

Current Mailing Address:

15719 SW 90 TER
MIAMI, FL 33196 US

New Mailing Address:

FEI Number: 59-2341495

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADRON, GRACIELA
9651 SW 123 AVE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

PADRON, GRACIELA
15719 SW 90 TER
MIAMI, FL 33196 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: GRACIELA PADRON

04/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PADRON, GRACIELA
Address: 9651 SW 123 AVE
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PADRON, GRACIELA
Address: 15719 SW 90 TER
City-St-Zip: MIAMI, FL 33196

Title: VP () Change (X) Addition
Name: URDANETA, ALEJANDRO M
Address: 15719 SW 90 TER
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GRACIELA PADRON

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date