

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H38727

1. Entity Name
TROPICAL VALUES, INC.



Principal Place of Business
3050 CORPORATE WAY
MIRAMAR, FL 33025 US

Mailing Address
3050 CORPORATE WAY
MIRAMAR, FL 33025 US

FILED
Sep 03, 2008 08:00 AM
Secretary of State



07312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2485854

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLOUNT, GREGORY L
3050 CORPORATE WAY
MIRAMAR, FL 33025

**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)

1000000958815
09/03/08-2008-008 158.75
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLOUNT, GREGORY
STREET ADDRESS	3050 CORPORATE WAY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	S
NAME	TUCCI, FRANCINA
STREET ADDRESS	3050 CORPORATE WAY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	MARTINEZ, MARIO C
STREET ADDRESS	6451 N. FEDERAL HIGHWAY, STE. 1021
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	GREER, HILDA
STREET ADDRESS	3050 CORPORATE WAY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	MURRAY, DAVID
STREET ADDRESS	3050 CORPORATE WAY
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	D
NAME	DIAMOND, BETTY
STREET ADDRESS	3050 CORPORATE WAY
CITY-ST-ZIP	MIRAMAR, FL 33025

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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 607, 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: Francina Tucci FRANCINA TUCCI 8/23/08 954-517-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #