

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J26389

FILED
Mar 19, 2009
Secretary of State

Entity Name: TROPI-TEST ENTERPRISES, INC.

Current Principal Place of Business:

8290 SW 120TH ST
PO BOX 560876
MIAMI, FL 33156

New Principal Place of Business:

8290 SW 120TH ST
MIAMI, FL 33156

Current Mailing Address:

8290 SW 120TH ST
PO BOX 560876
MIAMI, FL 33156

New Mailing Address:

8290 SW 120TH ST
PO BOX 560876
MIAMI, FL 33256

FEI Number: 59-2714823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERS, LINDA
8290 SW 120 STREET
P O BOX 560876
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

MERS, LINDA
8290 SW 120 STREET
P O BOX 560876
MIAMI, FL 33256 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:

03/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: MERS, LINDA
Address: 8290 SW 120TH ST
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: HICKS, MARILYN,
Address: 8290 SW 120 ST
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: HICKS, LON,
Address: 8290 SW 120 ST
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: HICKS, JOHN,
Address: 8290 SW 120 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA MERS

T

03/19/2009

Electronic Signature of Signing Officer or Director

Date