## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# M42962

Entity Name: TROPIC REAL PROPERTY, INC.

FILED Feb 04, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** TROPIC REAL PROPERTY, INC. 3290 N.W. S. RIVER DRIVE MIAMI, FL 33142 **New Mailing Address: Current Mailing Address:** TROPIC REAL PROPERTY, INC. 3290 N.W. SO RIVER DR. MIAMI, FL 33142 FEI Number: 65-0020354 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TABORA, CARLOS E 7337 NW 37 AVENUE MIAMI, FL 33147 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition Name: ALONZO, JOSE Name: 3290 NW S. RIVER DR. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: VPD Title: () Delete () Change () Addition Name: MORALES, JOSE DE JESUS A Name: 3290 NW S. RIVER DR. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: Title: SDVP ( ) Delete () Change () Addition MORALES, LUIS MARTIN, A Name: Name: 3290 NW S. RIVER DR. Address: Address: City-St-Zip: MIAMI, FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS MARTIN A MORALES VP 02/04/2008

TABORA, CARLOS E

MIAMI, FL 33142

3290 NW S. RIVER DR.

Name:

Address:

City-St-Zip: