


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 047 ****61.25

DOCUMENT # N96000000561 1. Entity Name TROPICAL AMERICA TRUST, INC.					
Principal Place of Business 333 NE 8TH STREET HOMESTEAD, FL 33030 US				Mailing Address P O BOX 900969 HOMESTEAD, FL 33090-0969 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		08212007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0654029	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD, FL 33030				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASTRAN, DEBORAH K	NAME			
STREET ADDRESS	333 NE 8TH STREET	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEONARD, JOHN T	NAME			
STREET ADDRESS	333 NE 8TH STREET	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASTRAN, RAUL	NAME			
STREET ADDRESS	333 NE 8TH STREET	STREET ADDRESS			
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 617, 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: _____		8/21/07 305-246-2122 <small>Date Daytime Phone #</small>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					