2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000561



FILED Aug 24, 2007 8:00 am

1. Entity Nam TROPICA		ICA TRUST, INC.			-			retary 4-2007 9002			•
333 NE 8TH STREET P 0			P 0 B	o BOX 900969 OMESTEAD, FL 33090-0969 US							
2. Principal P	lace of Busir	ness - No P.O. Box#	3. Mailir	ng Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			08212007 _{Ch}	ng-NP	CR2E0	37 (12/06)		
City & State			City & State				4. FEI Number 65-065402	9		<u> </u>	oplied For
Zip Country		Zip		Cou	untry	· · · · · · · · · · · · · · · · · · ·			ditional		
	6. Name	and Address of Current	t Registered	l Agent			7. Name and Add	ress of New R	legistered .	Agent	
DACTRAN DALK E						Name					
PASTRAN, RAUL E 333 NE 8TH STREET HOMESTEAD, FL 33030					Street Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Cod	ė
8. The above named entity submits this statement for the purpose of changing its registere							45 - O-1 - 4 El-		• 1		
	tions of regis	stered agent.						ocialo or ric	* DATE		
			n and the stapper	Capie (NOTE	:: negistere	ed Agent signature require	d when reinslating)		DATE		
D	•	ee Is \$61.25 ptember 14, 2007		9. Election Car Trust Fund C	npaign F	Financing	\$5.00 May Be Added to Fees		lake chec	k payable to	
D :	•	ee Is \$61.25		9. Election Car	npaign F	Financing Gon.	\$5.00 May Be	Flor	lake chec ida Depar	tment of S	tate
	ue by Sep	pe Is \$61.25 ptember 14, 2007 OFFICERS AND D		9. Election Car	npaign F Contribut	Financing Gion.	\$5.00 May Be Added to Fees	Flor	lake chec ida Depar	tment of S	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR