

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000525

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** TROPICAL RAINFOREST FOUNDATION, INC.

**Current Principal Place of Business:**

1688 MERIDIAN AVENUE  
SUITE 400  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1688 MERIDIAN AVENUE  
SUITE 400  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** 65-0829147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAEL I GREENBERG, PA  
6647 SW 65TH TERR  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: FISCHER, GUISELA  
Address: CARR. EL SALVADOR KM 15.5 WESTFALIA 2, CAS  
City-St-Zip: GUATEMALA CITY, GU 01015

Title: T ( ) Delete  
Name: COOK, PETER  
Address: AV. LAS AMÉRICAS 18-81 ZONA 14, COLUMBUS C  
City-St-Zip: GUATEMALA CITY, GUATEMALA, GU 01015

Title: D ( ) Delete  
Name: DE PAZ, OSCAR ROBERTO  
Address: 5º. AVE. 12-31 ZONA 9, EDIF. EL CORTÉZ, 4º  
City-St-Zip: GUATEMALA CITY, GUATEMALA, GU 01015

Title: D ( ) Delete  
Name: LOVETT, TIFFANY  
Address: 625 WALTHER WAY  
City-St-Zip: LOS ANGELES, CA 90049

Title: P ( ) Delete  
Name: DE PAZ, VIDA AMOR N  
Address: 5º. AVE. 12-31 ZONA 9, EDIF. EL CORTÉZ, 4º  
City-St-Zip: GUATEMALA CITY, GUATEMALA, GU 01015

**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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIDA AMOR DE PAZ

P

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date