

## **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000023769

Entity Name: TROPICAL KEY, INC.

**FILED**  
**Jun 29, 2009**  
**Secretary of State**

### **Current Principal Place of Business:**

4414 SW 73 AVE.  
MIAMI, FL 33155

### **New Principal Place of Business:**

### **Current Mailing Address:**

6614 HARVEST GLEN DR  
DALLAS, TX 75248

### **New Mailing Address:**

3565 WEST GLENCOE STREET  
COCONUT GROVE, FL 33133 US

FEI Number: 65-0988628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARRABBA, KELLY R OP  
4414 SW 73 AVE.  
MIAMI, FL 33155 US

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

RINGEL, THOMAS  
9130 SOUTH DADELAND BOULEVARD  
SUITE 1225  
MIAMI, FL 33156 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: THOMAS RINGEL

06/29/2009

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: OP ( ) Delete  
Name: CARRABBA, KELLY  
Address: 4414 SW 73 AVE  
City-St-Zip: MIAMI, FL 33155

### **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: OP (X) Change ( ) Addition  
Name: WILSON, DONNA  
Address: 3565 WEST GLENCOE STREET  
City-St-Zip: COCONUT GROVE, FL 33133

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: DONNA WILSON

OP

06/29/2009

Electronic Signature of Signing Officer or Director

Date