

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035901

FILED
Mar 01, 2009
Secretary of State

Entity Name: TROPICAL BUSINESS INTERGRATORS, INC.

Current Principal Place of Business:

5040 BRIGHTMOUR CIRCLE
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

5040 BRIGHTMOUR CIRCLE
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3635678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACCINI, SHELLEY
5040 BRIGHTMOUR CIRCLE
ORLANDO, FL 32837 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MACCINI, ROBERT JR.
Address: 5040 BRIGHTMOUR CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: DT () Delete
Name: MACCINI, SHELLEY
Address: 5040 BRIGHTMOUR CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: DV () Delete
Name: DAMIANIK, ROBERTO
Address: 390 GLEN ABBEY LN
City-St-Zip: DEBARY, FL 32713

Title: DS () Delete
Name: DAMIANIK, HELENA
Address: 390 GLEN ABBEY LN
City-St-Zip: DEBARY, FL 32713

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:

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: SHELLEY MACCINI

D/T

03/01/2009

Electronic Signature of Signing Officer or Director

Date