2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P00000052388 07-03-2006 90002 011 ***150.00 TROPISCAPE, CORP. 4000114 Principal Place of Business Mailing Address 242 RIVERWALK CIRCLE 242 RIVERWALK CIRCLE WESTON, FL 33326 WESTON, FL 33326 CR2E034 (11/05) 06282006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1040308 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSORIO, GERMAN, A DO NOT WRITE 4420 S.W. 154 PLACE'S MIAMI, FL 33185 IN THIS SPACE 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 Signature, typed or (NOTE/Registered Agent signature required when reinstating) FILE NOW!!! FEE S \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. VΡ TITLE OSORIO, GERMAN NAME STREET ADDRESS 242 RIVERWALK CIRCLE WESTON FL 33326 CITY-ST-ZIP TITLE DUQUE, GLORIA NAME 242 RIVERWALK CIRCLE STREET ADDRESS CITY-ST-ZIP WESTON: FL 33326 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 607, 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 03, 2006 8:00 am

786 514-9730

ATTACHMENT 40097740

TROPISCAPE CORP #P50000052398

242 RIVERWALK CIRCLE WESTON, FL 33326

DIVISION OR CORPORATION P.O. BOX 6198 TALLAHASSEE, FL 32314

Attached please find the check 102 to renew the corporation for 2006. Please abate the late payment due to the sickness and hospitalization of my mother. If-you need additional information regarding this letter please feel free to contact me at 305-944-7001 ext 216

Cordially

GLÒRIA I DUQUÈ

President