2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 A **DOCUMENT # P00000076570 Secretary of State** 1. Entity Name TROPICO RESTAURANT, INC. Principal Place of Business Mailing Address 12502 N KENDALL DRIVE 12502 N KENDALL DRIVE MIAMI, FL 33186 MIAMI, FL 33186 03062007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1033601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **AGUSTO SOTOLONGO** DO NOT WRITE 12502 N. KENDALL DRIVE MIAMI, FL 33186 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 printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPS SOTOLONGO, AUGUSTO NAME STREET ADDRESS 12502 N. KENDALL DRIVE CITY-ST-ZIP MIAMI, FL 33186 TITLE STREET ADDRESS 000000662249 03/21/07-80005-019 150.00 CITY-ST-7P TITLE 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 MARKE STREET ADDRESS CITY-ST-ZIP does not adally for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the like empowered. I hereby certify that the information indicated on this report or a of the corporation or the changed, or on an attag **SIGNATURE**

FILED