


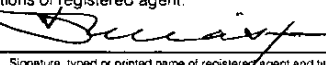
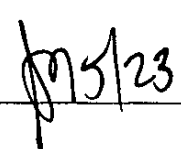
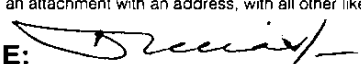
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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY 15 AM 9:54

FLORIDA STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013094			
1. Entity Name TROPICAL STAR COMMUNICATIONS, INC.			
Principal Place of Business 7232 NW 31 ST MIAMI, FL 33122		Mailing Address 7232 NW 31 ST MIAMI, FL 33122	
2. Principal Place of Business - No P.O. Box # 9800 NW 41 STREET		3. Mailing Address 9800 NW 41 STREET	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country USA	Zip 33178	Country USA
6. Name and Address of Current Registered Agent VASQUEZ, GLORIA 7232 NW 31 ST MIAMI, FL 33122		7. Name and Address of New Registered Agent Name VASQUEZ, GLORIA Street Address (P.O. Box Number is Not Acceptable) 9800 NW 41 STREET, SUITE 200 City MIAMI FL Zip Code 33178	
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  GLORIA VASQUEZ, SEC. 4/17/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANADOS, JORGE 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRANADOS, JORGE 9800 NW 41 STREET, SUITE 200 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LA SALAS, OLIVIA 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DE LA SALAS, OLIVIA 9800 NW 41 STREET, SUITE 200 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASQUEZ, GLORIA 7232 NW 31 ST MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VASQUEZ, GLORIA 9800 NW 41 STREET, SUITE 200 MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300103597163 05/31/07--01007--020 **903.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		GLORIA VASQUEZ, SEC 4/17/07 (305) 5924848	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	