

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000030426

Entity Name: TROPIFONGO, INC.

FILED
Jan 02, 2008
Secretary of State

Current Principal Place of Business:

10910 SOUTH TRAIL CIR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2940 ELBIB DRIVE
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 01-0651700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSADO, JULIO
2940 ELBIB DRIVE
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

MENDEZ, YANIRA
2940 ELBIB DRIVE
ST. CLOUD, FL 34772 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: YANIRA MENDEZ

01/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: MENDEZ, SAMUEL
Address: 2940 ELBIB DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: VPDS () Delete
Name: CARABALLA, ELIZABETH
Address: 2940 ELBIB DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: MENDEZ, SAMELY
Address: 4210 TURTLE GRASS CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: MENDEZ, ELIUD
Address: 3218 SAWGRASS CREEK CIRCLE
City-St-Zip: ST. CLOUD, FL 34772

Title: D () Delete
Name: MENDEZ, KEVIN
Address: 2940B ELBIB DRIVE
City-St-Zip: ST. CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPDS (X) Change () Addition
Name: CARABALLO, ELIZABETH
Address: 2940 ELBIB DRIVE
City-St-Zip: ST. CLOUD, FL 34772

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MENDEZ, KEVIN
Address: 2940 ELBIB DRIVE
City-St-Zip: ST. CLOUD, FL 34772

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: SAMUEL MENDEZ

PDT

01/02/2008

Electronic Signature of Signing Officer or Director

Date