2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2003 8:00 am
Secretary of State
07-21-2003 90134 045 ***150.00

DOCUMENT # P02000030426

1. Entity Name
TROPIFONGO, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 452826~~	~~P.O. BOX 452826~~
~~KISSIMMEE, FL 34746-2826~~	~~KISSIMMEE, FL 34746-2826~~

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
10910 South TRAIL	1127 E. COBBLestone
Suite, Apt. #, etc. CIRCLE	Suite, Apt. #, etc. Circle Apt 6
City & State ORLANDO, FLORIDA	City & State Kissimmee, FL
Zip 32837 Country ORANGE	Zip 34744 Country OSCEOLA

4. FEI Number 01-0651700 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~TORRES, OSCAR~~ ~~2446 PLACETAS CT~~ ~~KISSIMMEE, FL 34743~~	Name: SAMUEL MENDEZ CASTRO Street Address (P.O. Box Number Is Not Acceptable) 1127 E COBBLestone Circle Apt G City Kissimmee FL Zip Code 34744

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 X [signature] 7/18/03
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, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition P/D/T SAMUEL MENDEZ CASTRO 1127 E COBBLestone Circle Apt G KISSIMMEE, FLORIDA 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition VP/D/S ELIZABETH CARABALLO 1127 E COBBLestone Circle Apt G Kissimmee, FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D SAMELY MENDEZ 1127 E. COBBLestone Circ Apt G Kissimmee, FL 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D ELIUD MENDEZ 1127 E COBBLestone Circle Apt G KISSIMMEE, FLORIDA 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition D KEVIN MENDEZ 1127 COBBLE STONE Circle Apt G KISSIMMEE, FLORIDA 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] 7/18/03 407-582-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #