

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034189

FILED  
Feb 07, 2008  
Secretary of State

Entity Name: TROPICAL SURVEILLANCE AND INVESTIGATIONS, INC.

## Current Principal Place of Business:

4302 HENDERSON BLVD.  
SUITE 200  
TAMPA, FL 33629

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 10961  
TAMPA, FL 33679

## New Mailing Address:

FEI Number: 55-0826655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DOMINGUEZ, JENNIFER  
4302 HENDERSON BLVD, SUITE 200  
TAMPA, FL 33629 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: RODRIGUEZ, ROCKY  
Address: 4302 HENDERSON BLVD, SUITE 200  
City-St-Zip: TAMPA, FL 33629 US

Title: VPD ( ) Delete  
Name: DOMINGUEZ, JENNIFER  
Address: 4302 HENDERSON BLVD, SUITE 200  
City-St-Zip: TAMPA, FL 33629 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DOMINGUEZ, JOSEPH  
Address: 4302 HENDERSON BLVD, SUITE 200  
City-St-Zip: TAMPA, FL 33629 US

Title: VPD (X) Change ( ) Addition  
Name: RODRIGUEZ, ROCKY  
Address: 4302 HENDERSON BLVD, SUITE 200  
City-St-Zip: TAMPA, FL 33629 US

Title: S ( ) Change (X) Addition  
Name: ANDREWS, ROBBIE  
Address: 4302 HENDERSON BLVD, SUITE 200  
City-St-Zip: TAMPA, FL 33629

Title: T ( ) Change (X) Addition  
Name: DOMINGUEZ, JENNIFER  
Address: 4302 HENDERSON BLVD, SUITE 200  
City-St-Zip: TAMPA, FL 33629

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: JOSEPH DOMINGUEZ

P

02/07/2008

Electronic Signature of Signing Officer or Director

Date