

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90049 022 ***150.00

DOCUMENT # P03000073369

1. Entity Name
TROPICAMA PRODUCTIONS, INC.



Principal Place of Business
8701 NW 111 TERRACE
HIALEAH, FL 33018

Mailing Address
8701 NW 111 TERRACE
HIALEAH, FL 33018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142005

Chg-P

CR2E034 (10/03)

4. FEI Number

11-3695088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ-AGUIAR, JUAN C
8701 NW 111 TERRACE
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name **RAUL GOMEZ**

Street Address (P.O. Box Number is Not Acceptable)

8701 NW 111 terrace

City **Hialeah Gardens FL**

Zip Code **33018**

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 if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

3/11/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GOMEZ, RAUL
8701 NW 111 TER
HIALEAH GARDENS, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BENITEZ, ROBERTO
8701 NW 111 TER
HIALEAH GARDENS, FL 33018 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
ZAMORA, VICTORIA
8701 NW 111 TER
HIALEAH GARDENS, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
GOMEZ, GUIANKO
8701 NW 111 TER
HIALEAH GARDENS, FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/05