


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000100737
 1. Entity Name
TROPISOUNDS CORPORATION



Principal Place of Business Mailing Address
5757 BLUE LAGOON DR SUITE 370 **5757 BLUE LAGOON DR SUITE 370**
MIAMI, FL 33126 **MIAMI, FL 33126**

DO NOT WRITE IN THIS SPACE



01302006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
20-1317821 Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VERA, SORAYA G
5757 BLUE LAGOON DR SUITE 370
MIAMI, FL 33126

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	VS PREVIDI, RICHARD 5757 BLUE LAGOON DR SUITE 370 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MONCALEANO, FRANCISCO 5757 BLUE LAGOON DR SUITE 370 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS VERA, SORAYA G 5757 BLUE LAGOON DR SUITE 370 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERGARA, LUISA F 5757 BLUE LAGOON DR SUITE 370 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIEZ, ALFREDO J 5757 BLUE LAGOON DR SUITE 370 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/03/06 80001-005 158.75

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Soraya G. Vera*, SORAYA G. VERA, A.S. 01/30/06 305-265-8884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #