


**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  
**5757 BLUE LAGOON DR SUITE 370  
 MIAMI, FL 33126**

Mailing Address  
**5757 BLUE LAGOON DR SUITE 370  
 MIAMI, FL 33126**

**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**20-1317821** Applied For  
 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**

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_

**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	

**DO NOT WRITE  
 IN THIS SPACE**

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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 #