


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000100737

1. Entity Name
TROPISOUNDS CORPORATION



Principal Place of Business 5757 BLUE LAGOON DR SUITE 370 SUITE 330 MIAMI, FL 33126	Mailing Address 5757 BLUE LAGOON DR SUITE 370 SUITE 330 MIAMI, FL 33126
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DO NOT WRITE IN THIS SPACE



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1317821	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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04/18/08-80047-012 158.75

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

SIGNATURE *Soraya G. Vera* **Soraya G. Vera** **07-Mar-2008** **305-261-3938**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #