

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000137331

Entity Name: TROPICAL WAY, CORP

FILED  
Apr 18, 2009  
Secretary of State

**Current Principal Place of Business:**

7801 SW 133 TERRACE  
PINE CREST, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

7801 SW 133 TERRACE  
PINE CREST, FL 33156

**New Mailing Address:**

FEI Number: 20-1704409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORDOVA, DIEGO  
8905 SW 87TH AVE  
200  
MIAMI, FL 33176 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 ( ) Delete  
Name: GONZALEZ, LEILA  
Address: 7801 SW 133 TERRACE  
City-St-Zip: PINE CREST, FL 33156

Title: VP ( ) Delete  
Name: GONZALEZ, RAMON  
Address: 7801 SW 133RD TERRACE  
City-St-Zip: PINECREST, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAMON GONZALEZ

VP

04/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date