

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155376

FILED
May 01, 2009
Secretary of State

Entity Name: TROPICAL SCREEN REPAIR, INC

Current Principal Place of Business:

1802 N UNIVERSITY DRIVE
SUITE 102 PMB 354
PLANTATION, FL 33322

New Principal Place of Business:

16648 64TH PLACE N
LOXAHATCHEE, FL 33470

Current Mailing Address:

1802 N UNIVERSITY DRIVE
SUITE 102 PMB 354
PLANTATION, FL 33322

New Mailing Address:

16648 64TH PLACE N
LOXAHATCHEE, FL 33470

FEI Number: 20-1880526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALICEA, EDUARDO
1802 N UNIVERSITY DRIVE
SUITE 102 PMB 354
PLANTATION, FL 33322 US

Name and Address of New Registered Agent:

ALICEA, EDUARDO
16648 64TH PLACE N
LOXAHATCHEE, FL 33470 US

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:

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ALICEA, EDUARDO
Address: 1802 N UNIVERSITY DR #102
City-St-Zip: PLANTATION, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALICEA, EDUARDO
Address: 16648 64TH PLACE N
City-St-Zip: LOXAHATCHEE, FL 33470

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: EDUARDO ALICEA

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date