FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90245 008 ***158.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000068446

1. Entity Name
TROPICAL BREEZE HOME TEAM, INC.

04252008 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
10504 ROCHESTER WAY TAMPA, FL 33626	10504 ROCHESTER WAY TAMPA, FL 33626

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10025 Montague St.	10025 Montague St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa FL
Zip: 33626 Country: Hillsborough	Zip: 33626 Country: Hillsborough

4. FEI Number: 20-2961681 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SANTOS, SELMA
10504 ROCHESTER WAY
TAMPA, FL 33626

7. Name and Address of New Registered Agent

Name: José S. Ramos
Street Address (P.O. Box Number is Not Acceptable): 2344 Crestover Lane Bldg. #7
City: Wesley Chapel FL Zip Code: 33544

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: [signature] 4/25/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

$158.75
FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SANTOS, SELMA	
STREET ADDRESS	10504 ROCHESTER WAY	
CITY-ST-ZIP	TAMPA, FL 33626	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: [signature] Selma Santos-Pres. 4/25/08 813-926-9286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #