

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90245 008 ***158.75

DOCUMENT # P05000068446

1. Entity Name
TROPICAL BREEZE HOME TEAM, INC.



Principal Place of Business
**10504 ROCHESTER WAY
TAMPA, FL 33626**

Mailing Address
**10504 ROCHESTER WAY
TAMPA, FL 33626**

2. Principal Place of Business - No P.O. Box #
10025 MONTAGUE ST.

3. Mailing Address
10025 MONTAGUE ST.

Suite, Apt. #, etc.



04252008 Chg-P CR2E034 (12/06)

City & State
TAMPA, FL

City & State
Tampa FL

Zip
33626

Country
USA

4. FEI Number
20-2961681

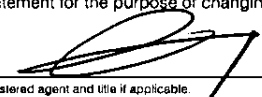
Applied For
☐ Not Applicable

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
Jose S. RAMOS
Street Address (P.O. Box Number is Not Acceptable)
2344 CROSTOVER LAKE BLVD #7
City
WASLEY 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  DATE **4/25/08**

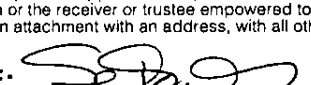
(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANTOS, SELMA 10504 ROCHESTER WAY TAMPA, FL 33626 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:  **Selma Santos** DATE **4/25/08** 88-926-9186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR