

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000027025

Entity Name: TROPIFONGO 2, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

3160 VINELAND ROAD  
KISSIMMEE, FL 34746

## New Principal Place of Business:

## Current Mailing Address:

3160 VINELAND ROAD  
KISSIMMEE, FL 34746

## New Mailing Address:

2940 ELBIB DRIVE  
SAINT CLOUD, FL 34772

FEI Number: 20-4371749

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MENDEZ CASTRO, SAMUEL  
3160 VINELAND ROAD  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

ROSADO, JULIO AGENT  
2940 ELBIB DRIVE  
SAINT CLOUD, FL 34772 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: JULIO ROSADO

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPFS ( ) Delete  
Name: MENDEZ CASTRO, SAMUEL  
Address: 3160 VINELAND ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: STD ( ) Delete  
Name: MENDEZ, SAMELY  
Address: 3160 VINELAND ROAD  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: ALICEA, SAUL  
Address: 3160 VINELAND ROAD  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPFS (X) Change ( ) Addition  
Name: MENDEZ CASTRO, SAMUEL  
Address: 2940 ELBIB DRIVE  
City-St-Zip: SAINT CLOUD, FL 34772

Title: STD (X) Change ( ) Addition  
Name: MENDEZ, SAMELY  
Address: 4210 TURTLE CT.  
City-St-Zip: SAINT CLOUD, FL 34772

Title: D (X) Change ( ) Addition  
Name: MENDEZ, KEVIN  
Address: 2940 ELBIB DRIVE  
City-St-Zip: SAINT CLOUD, FL 34772

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: SAMUEL MENDEZ CASTRO

DPFS

04/30/2007

Electronic Signature of Signing Officer or Director

Date