2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Sep 06, 2007 8:00 am Secretary of State DOCUMENT # P06000084436 1. Entity Name This TROMPUSHKA, INC. 09-06-2007 90008 038 ***150.00 Principal Place of Business Mailing Address 1655 SW 10 ST 1655 SW 10 ST MIAMI, FL 33135 MIAMI, FL 33135 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 09042007 Cha-P 4. FEI Number 2086951 Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COULTHARD, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 1655 SW 10 ST MIAMI, FL 33135 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$150,00. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. See attachment ps. Due by September 14, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 💃 11. DP INLE ☐ Delete MLE ☐ Addition ☐ Change COULTHARD, WILLIAM M NAME NAME STREET ADDRESS 1655 SW 10 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33135, CITY-SI-ZIP DP TITLE ☐ Delete FITLE ☐ Change ■ Addition NAME BIKIC, ANA NAME STREET ADDRESS 1655 SW 10 ST STREET ADDRESS CITY-ST-74P MIAMI, FL 33135 CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TITLE ☐ Delete **IITLE** Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP HHE ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.

W. M. CONLTHARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

090407

FILED

ATTACHMENT

Subj:

sunbiz waiver of fee

Date:

9/4/2007 1:40:20 P.M. Eastern Daylight Time

From:

Bik3A

To:

Trompushka

40131363

ref; sunbiz/late fee waiver.

04/09/07

wmarkcoulthard.net 1655 sw 10 st. Mia. Fl.33135

Trompushka inc painting to a Fine Art.

ref.no.P06000084436

Dear FL. DEPT. OF STATE.

I wish to be considered for the waiver for the late fee.

We registered with the State this business for the first time last year. Our mail has been confused with our neighbor who passed away recently. This has been a problem for us on several fronts. We receceived this postcard when the family came to the house at the weekend to sort through our nieghbor's things.

We had been advised to open a "for profit' business but as we run at a loss and are involved in charity and fundraising as an art studio, we will also be trying to change our status to a "not for profit" organisation. We understand that we have to dissolve and re apply. At the momment we ask for your understanding and attention.

We hope this will be sufficent for our apoligy being late.

sincerely William M Coulthard & Ana Bikic

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