

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90039 048 ***155.00

DOCUMENT # P06000130292

1. Entity Name
TROPICAL OASIS CORP.



Principal Place of Business
2566 SE WEST BLACKWELL DR.
PORT ST LUCIE, FL 34952 US

Mailing Address
2566 SE WEST BLACKWELL DR.
PORT ST LUCIE, FL 34952 US

ST. LUCIE WEST TOWN CENTER

2. Principal Place of Business - No P.O. Box #
1707 N.W. ST. LUCIE WEST BLVD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 114

City & State

City & State

PORT ST. LUCIE, FL

Zip
34988

Country
USA

Zip

Country

01182008

Chg-P

CR2E034 (12/06)

4. FEI Number

APPLIED FOR *56-2643381*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARRUDA, SARA
2566 SE WEST BLACKWELL DR.
PORT SAINT LUCIE, FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**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
ARRUDA, SARA
2566 SE WEST BLACKWELL DR.
PORT ST LUCIE, FL 34952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ARRUDA, BRYAN
2566 SE WEST BLACKWELL DR.
PORT ST LUCIE, FL 34952 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SUTHERLAND, BRENDA
2567 SE WEST BLACKWELL DR.
PORT ST LUCIE, FL 34952 ☐ Delete

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

TITLE
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☐ Delete

TITLE
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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: *Sara Arruda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008
Date Daytime Phone #