2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146889

15476 NW 77 CT

MIAMI LAKES, FL 33016

Address: City-St-Zip:

Entity Name: TROM AND TROM II P, INC.

FILED Aug 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 15476 NW 77 CT 15476 NW 77 CT. 336 336 MIAMI LAKES, MIAMI LAKES, FL 33016 **Current Mailing Address: New Mailing Address:** 15476 NW 77 CT 15476 NW 77 CT. 336 MIAMI LAKES, 33016 MIAMI LAKES, FL 33016 FEI Number: 20-5931083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FERNANDEZ, OMAR FERNANDEZ, OMAR 15476 NW 77 CT 15476 NW 77 CT. 336 336 MIAMI LAKES, FL 33016 US MIAMI LAKES, FL 33016 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: OMAR FERNANDEZ 08/17/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FERNANDEZ, OMAR Name: Name: 15476 NW 77 CT Address: Address: City-St-Zip: MIAMI LAKES, FL 33016 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: GONZALEZ, RAUL Name: 15476 NW 77 CT Address: Address: MIAMI LAKES, FL 33016 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SHEVLIN, VERONICA Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: OMAR FERNANDEZ P 08/17/2007