

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000030433

Entity Name: TROPICAL CITY CORP

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

777 E. ATLANTIC AVE.  
#C  
DELRAY BEACH, FL 33483

## **Current Mailing Address:**

777 E. ATLANTIC AVE.  
#C  
DELRAY BEACH, FL 33483

## **New Principal Place of Business:**

777 E. ATLANTIC AVE.  
#C3  
DELRAY BEACH, FL 33483

## **New Mailing Address:**

777 E. ATLANTIC AVE.  
#C3  
DELRAY BEACH, FL 33483

FEI Number: 26-2323805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

GARCIA, EDUARDO C  
13845 VIA FLORA  
UNIT D  
DELRAY BEACH, FL 33483 US

## **Name and Address of New Registered Agent:**

GARCIA, EDUARDO C  
500 N CONGRESS AVE D-207  
DELRAY BEACH, FL 33445 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:

Electronic Signature of Registered Agent

03/15/2012

Date

## **OFFICERS AND DIRECTORS:**

Title: PVT  
Name: GARCIA, EDUARDO C  
Address: 500 N CONGRESS AVE D-207  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby 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 all other like empowered.

SIGNATURE: EDUARDO GARCIA

PDV

03/15/2012

Electronic Signature of Signing Officer or Director

Date