

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000041148

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL AUTOMOTIVE SOLUTIONS, INC.

**Current Principal Place of Business:**

1600 EL PARDO DR  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

1600 EL PARDO DR  
TRINITY, FL 34655 US

**New Mailing Address:**

**FEI Number:** 26-2466797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOVSEPIAN, GREGORY  
1600 EL PARDO DR  
TRINITY, FL 34655 US US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOVSEPIAN, GREGORY  
Address: 1600 EL PARDO DR  
City-St-Zip: TRINITY, FL 34655 US

Title: VP  
Name: HOVSEPIAN, MARILYN N  
Address: 1600 EL PARDO DR  
City-St-Zip: TRINITY, FL 34655 US

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: GREGORY HOVSEPIAN

PRES

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date