

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P08000050049

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** TROPHY RECOVERY CORP.

**Current Principal Place of Business:**

8210 N.W. 64 ST.  
MIAMI, FL 33166

**New Principal Place of Business:**

8053 NW 64 ST  
MIAMI, FL 33166

**Current Mailing Address:**

8210 N.W. 64 ST.  
MIAMI, FL 33166

**New Mailing Address:**

8053 NW 64 ST  
MIAMI, FL 33166

**FEI Number:** 26-2719360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OLIVERA, TAIMY  
8210 N.W. 64 ST.  
MIAMI, FL 33166 US

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

OLIVERA, TAIMY  
8053 N.W. 64 ST.  
MIAMI, FL 33166 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

04/26/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OLIVERA, TAIMY  
Address: 8053 N.W. 64 ST.  
City-St-Zip: MIAMI, FL 33166

Title: SEC  
Name: LAM, CARLOS  
Address: 8053 NW 64 ST  
City-St-Zip: MIAMI, FL 33166

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: TAIMY OLIVERA

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

PD

04/26/2011

\_\_\_\_\_  
Date