

2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000010827

Entity Name: TROPICAL IDENTITY INC

FILED
Oct 17, 2012
Secretary of State

Current Principal Place of Business:

249 BRYAN RD.
DANIA BEACH, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

249 BRYAN RD.
DANIA BEACH, FL 33004 US

New Mailing Address:

FEI Number: 26-4193097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSON, SAMUEL
249 BRYAN RD.
DANIA BEACH, FL 33004 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: VP
Name: JACOBSON, SAMUEL
Address: 249 BRYAN RD.
City-St-Zip: DANIA BEACH, FL 33004 US

Title: S
Name: SHWARTZ, LIORA
Address: 249 BRYAN RD.
City-St-Zip: DANIA BEACH, FL 33004 US

Title: P
Name: AVGANIM, SHLOMO
Address: 19901 E. COUNTRY CLUB DR. #604
City-St-Zip: AVENTURA, FL 33180

Title: D
Name: COHEN, YEHUDA
Address: 19111 COLLINS AVE. # 402
City-St-Zip: SUNNY ISLES, FL 33160

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: SAMUEL JACOBSON

VP

10/17/2012

Electronic Signature of Signing Officer or Director

Date