

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000049958

FILED
Apr 25, 2012
Secretary of State

Entity Name: TROPICAL PHARM CONSULTING SERVICE INC.

Current Principal Place of Business:

8533 SW 5TH STREET
303
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

8533 SW 5TH STREET
303
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DELAVEGA, MARIA
8580 NW 14TH STREET
PEMBROKE PINES, FL 33025 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: PRES
Name: WHITE, CLAUDE
Address: 8533 SW 5TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025 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: CLAUDE WHITE

PRE

04/25/2012

Electronic Signature of Signing Officer or Director

Date