

P11000056430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

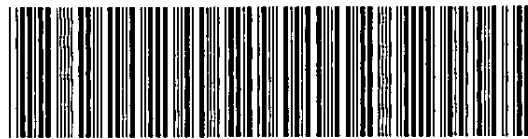
(Business Entity Name)

(Document Number)

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Change

06/04/12--01006--015 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ADR  
6/5/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TROPICO MOFONGO LATIN FOOD INC.  
Name of Corporation

**DOCUMENT NUMBER:** P11000056430

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

LOYDA RODRIGUEZ  
Name of Contact Person

POINCIANA SUPERMARKET INC  
Firm/Company

2433 PLEASANT HILL ROAD  
Address

KISSIMMEE, FL 34746  
City/State and Zip Code

LER.UNIDOS@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOYDA RODRIGUEZ at (407) 935-1922  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TROPICO MOFONGO LATIN FOOD INC

2. The principal office address: 3160 VINELAND ROAD UNIT 2, KISSIMMEE, FL 34746

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 06/16/2011 Document number: P11000056430

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

FAUSTO PERALTA- RESIGNED  
3160 VINELAD ROAD UNIT 2  
KISSIMMEE, FL 34746

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

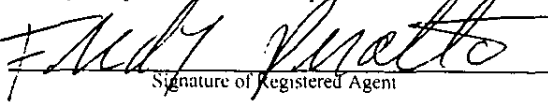
FREDY D PERALTA-NEW REGISTERED AGENT & REGISTERED OFFICER  
1726 BRIDGETS CT  
P.O. Box NOT acceptable  
KISSIMMEE, FL 34744

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 FAUSTO PERALTA, PRESIDENT  
Signature of an officer or director Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

 5/31/2012  
Signature of Registered Agent Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*