

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018389

FILED  
Mar 09, 2011  
Secretary of State

Entity Name: TROPICAIRE PONCE, INC.

**Current Principal Place of Business:**

9769 SOUTH DIXIE HIGHWAY  
SUITE 201  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9769 SOUTH DIXIE HIGHWAY  
SUITE 201  
MIAMI, FL 33156

**New Mailing Address:**

FEI Number: 65-0667239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

OGDEN, RICHARD W  
9769 S DIXIE HIGHWAY  
SUITE 201  
MIAMI, FL 33156 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: PD  
Name: OGDEN, RICHARD W  
Address: 5590 HAMMOCK DRIVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: VS  
Name: LEEDS, KRISTIN  
Address: 9769 S DIXIE HIGHWAY # 201  
City-St-Zip: MIAMI, FL 33156

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: RICHARD W OGDEN

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03/09/2011

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

\_\_\_\_\_ Date