

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90218 043 ***150.00

DOCUMENT # P96000066151

1. Entity Name
TROPICANA II INVESTMENT, INC.



Principal Place of Business

782 NW 42 AVE
STE 340
MIAMI, FL 33126 US

Mailing Address

782 NW 42 AVE
STE 340
MIAMI, FL 33126 US

94073877



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0702776

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERO, ESTELA
10060 SW 134 ST
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name

Armando Rivero

Street Address (P.O. Box Number is Not Acceptable)

782 NW 42 AVE STE 340

City

miami

FL

Zip Code

33126

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☐ Delete
NAME RIVERO, ARMANDO
STREET ADDRESS 10181 SW 118 TERR
CITY-ST-ZIP MIAMI, FL 33176

TITLE VP ☒ Delete
NAME RIVERO, ESTELA
STREET ADDRESS 10151 SW 118 TERR
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Armando Rivero ☒ Change ☐ Addition
NAME 782 NW 42 AVE STE 340
STREET ADDRESS miami FL 33126
CITY-ST-ZIP

TITLE Jose Nicolas Paredes ☒ Change ☐ Addition
NAME 782 NW 42 AVE STE 340
STREET ADDRESS miami FL 33126
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04

305 445-9076