

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010546

Entity Name: TROPICAL PLAZA, INC.

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

26839 S. DIXIE HWY
NARANJA, FL 33032

New Principal Place of Business:

Current Mailing Address:

26839 S. DIXIE HWY
NARANJA, FL 33032

New Mailing Address:

FEI Number: 65-0908689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHOOS, S S ESQ.
15600 S.W. 288TH STREET
SUITE 312
HOMESTEAD, FL 33033 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TORRECILLA, JULIO E
Address: 590 E 49 ST, 2ND FLOOR
City-St-Zip: HIALEAH, FL 33032

Title: VD () Delete
Name: HOYE, DORIS
Address: 25901 SW 130TH AVE.
City-St-Zip: MIAMI, FL 33032

Title: SD () Delete
Name: TORRECILLA, JULIO E
Address: 26855 SO. DIXIE HWY.
City-St-Zip: NARANJA, FL 33032

Title: VP () Delete
Name: GOMEZ, NORBERTO JR
Address: 26845-51 SO. DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33032

Title: TD () Delete
Name: FREIRE, RICARDO
Address: 27001 SW 145TH AVE
City-St-Zip: MIAMI, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TORRECILLA, JULIO E
Address: 590 E 49 ST, 2ND FLOOR
City-St-Zip: HIALEAH, FL 33013

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: TORRECILLA, JULIO E
Address: 26839 S DIXIE HWY.
City-St-Zip: NARANJA, FL 33032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIO E TORRECILLA

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date