# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 01, 2009**
**Secretary of State**

DOCUMENT# P99000010546

**Entity Name:** TROPICAL PLAZA, INC.

**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 33013

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: 26839 S 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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

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

Title: VP (X) Change ( ) Addition
Name: GOMEZ, NORBERTO JR
Address: 26849-51 SO. DIXIE HWY
City-St-Zip: HOMESTEAD, FL 33032

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 TORRECILLA PRES 04/01/2009

Electronic Signature of Signing Officer or Director — Date