

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000106823

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL SYSTEMS & DESIGN, INC.

**Current Principal Place of Business:**

7175 SW 47TH S.  
209  
MIAMI, FL 33155 US

**New Principal Place of Business:**

7900 RED ROAD  
SUITE 26  
SOUTH MIAMI, FL 33143 US

**Current Mailing Address:**

P.O. BOX 330791  
MIAMI, FL 33233

**New Mailing Address:**

7900 RED ROAD  
SUITE 26  
SOUTH MIAMI, FL 33143 US

**FEI Number:** 65-0971376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAFONTISEE, LOUIS L JR  
3121 COMMODORE PLAZA  
301  
MIAMI, FL 33133 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: P  
Name: GABEL, JOSEPH  
Address: 4689 SW 72ND AVE  
City-St-Zip: MIAMI, FL 33155 US

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: JOSEPH GABEL

PRES

04/03/2012

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

\_\_\_\_\_  
Date