

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V70389

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** T.S.M. TROPICAL SERVICE MANAGEMENT, INC.

**Current Principal Place of Business:**

12055 CLASSIC DRIVE  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLAKESBERGE CO  
951 S W 4TH AVE  
BOCA RATON, FL 33432 US

**New Mailing Address:**

**FEI Number:** 65-0362450      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BLAKESBERG, JON D  
951 SW 4TH AVENUE  
BOCA RATON, FL 33432 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: VP  
Name: SIEGEL, LAUREN  
Address: 12055 CLASSIC DR  
City-St-Zip: CORAL SPRINGS, FL

Title: VP  
Name: SIEGEL, DARYL  
Address: 12055 CLASSIC DR  
City-St-Zip: CORAL SPRINGS, FL

Title: D  
Name: KAUFMAN, GREGORY  
Address: 15049 TALL OAK AVE  
City-St-Zip: DELRAY BEACH, FL 33446

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: LAUREN SIEGEL

VP

02/14/2012

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

\_\_\_\_\_  
Date