

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100737

Entity Name: TROPISOUNDS CORPORATION**Current Principal Place of Business:**5757 WATERFORD DISTRICT DR
SUITE 370
MIAMI, FL 33126**Current Mailing Address:**5757 WATERFORD DISTRICT DR
SUITE 370
MIAMI, FL 33126 US**FEI Number:** 20-1317821**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**VERA, SORAYA G
5757 WATERFORD DISTRICT DR.
SUITE 370
MIAMI, FL 33126 US*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**Officer/Director Detail :**

Title	VS
Name	PREVIDI, RICHARD
Address	5757 WATERFORD DISTRICT DR SUITE 370
City-State-Zip:	MIAMI FL 33126

Title	AS
Name	VERA, SORAYA G
Address	5757 WATERFORD DISTRICT DR SUITE 370
City-State-Zip:	MIAMI FL 33126

Title	T
Name	VERGARA, LUISA F
Address	5757 WATERFORD DISTRICT DR SUITE 370
City-State-Zip:	MIAMI FL 33126

Title	DP
Name	DIEZ, ALFREDO J
Address	5757 WATERFORD DISTRICT DR
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	DIEZ, CATALINA
Address	5757 WATERFORD DISTRICT DR SUITE 370
City-State-Zip:	MIAMI FL 33126

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: SORAYA G. VERA**ASSISTANT SECRETARY** 02/03/2025_____
Electronic Signature of Signing Officer/Director Detail_____
Date