

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000100737

**Entity Name:** TROPISOUNDS CORPORATION

**Current Principal Place of Business:**

5757 BLUE LAGOON DR  
SUITE 370  
MIAMI, FL 33126

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**1121228817CC**

**Current Mailing Address:**

5757 BLUE LAGOON 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 BLUE LAGOON 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 BLUE LAGOON DR SUITE 370  
City-State-Zip: MIAMI FL 33126

Title V  
Name MONCALEANO, FRANCISCO  
Address 5757 BLUE LAGOON DR SUITE 370  
City-State-Zip: MIAMI FL 33126

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

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

Title DP  
Name DIEZ, ALFREDO J  
Address 5757 BLUE LAGOON DR SUITE 370  
City-State-Zip: MIAMI FL 33126

Title VP  
Name DIEZ, CATALINA  
Address 5757 BLUE LAGOON DR SUITE 330  
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 VERA

AS

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date