2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000084416

T.P.'S PEPPER EMPORIUM, INC.



FILED Jul 11, 2005 8:00 am Secretary of State 07-11-2005 90195 033 ***150.00

							TEST .					
Principal Place of Business 4781 N.E. 5 TERRACE FORT LAUDERDALE, FL 33334			47	Mailing Address 4781 N.E. 5 TERRACE FORT LAUDERDALE, FL 33334]	140185 5 3	n Je		
2. Principal Place of Business			3. N	3. Mailing Address								
Suite, Apt. #, etc.			- 5	Suite, Apt. #, etc.				06232005	Chg-P	CR2	E034 (10/03)	
City & State				City & State				4. FEI Numb	^{0er} 68-05'	958	57 A	pplied For
Zip Country		Country	Z	Zip		Country		5. Certificate	e of Status Desired	<i></i>	\$8.75 Ad Fee Require	ditional
	6 Name	and Address of Curre	nt Regist	ered Agent	L			7 Name and	d Address of New	Registere		
PILLSBUR 4781 N.E. FORT LAU	Y, TOWN 5 TERRA	SEND				Name Street Ad	ldress (per is Not Acceptab			
					City		<u> </u>	_	F	L Zip Cod	de	
	named entit ions of regis	y submits this statement tered agent.	for the p	urpose of changing its	register	ed office or	registe	red agent, or bo	oth, in the State of F	lorida. I a	m familiar with	, and accept
SIGNATURE.	Signature, typed	or printed name of registered age	ant and title if	applicable. (NOT	E. Registere	ed Agent signatur	re required	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005								.00 May Be ded to Fees	In accordance corporation die			
10.	· · · · ·	OFFICERS AN	ID DIREC	TORS	11.			ADDITIONS	CHANGES TO OF	FICERS A	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4781 N.E	RY, TOWNSEND . 5 TERRACE UDERDALE, FL 333:	34	☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	1						Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP				☐ Delete							Change	☐ Additio

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X