

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000109809 1. Entity Name HELEN'S TROPICAL EXOTICS, INC.	
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Principal Place of Business 777 BAYSHORE DR #403 FT LAUDERDALE, FL 33304	Mailing Address 777 BAYSHORE DR #403 FT LAUDERDALE, FL 33304
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DO NOT WRITE IN THIS SPACE



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1761411	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLINSKY, HELEN
777 BAYSHORE DR #403
FT LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P WILLINSKY, HELEN 777 BAYSHORE DR #403 FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/P WILLINSKY, SCOTT 777 BAYSHORE DR #403 FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WILLINSKY, SHANA 777 BAYSHORE DR #403 FT LAUDERDALE, FL 33304
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04/23/08-80029-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: HELEN WILLINSKY **HELEN WILLINSKY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 04/23/08 Daytime Phone # 954 564 6486