

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90972 035 ***150.00

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DOCUMENT # P93000076191

1. Entity Name
TROPIX EXPRESS, INC.



Principal Place of Business
**5141 EAST PERIMETER ROAD
FORT LAUDERDALE FL 33309**

Mailing Address
**5141 EAST PERIMETER ROAD
FORT LAUDERDALE FL 33309**



2. Principal Place of Business
Suite, Apt. #, etc.
HANGER 37.
City & State

3. Mailing Address
2501 S. PALMAIRE DR.
Suite, Apt. #, etc.
203.
City & State
POMPANO BEACH. FL.

Zip
33069

Country
U.S.A.

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0468588**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WELLS, CARITA M
1435 WEST BUSCH BLVD.
SUITE A
TAMPA FL 33612**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VASTARDIS, JUDY C 5510 SW 44TH TERR DANIA BEACH FL 33314-6720	<input checked="" type="checkbox"/> Delete	TITLE DP. NAME CHRISTINA R. PARISH STREET ADDRESS 2501 S. PALMAIRE DR. APT. 203 CITY-ST-ZIP POMPANO BEACH FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, BETTY A HIGH VISTA P O BOX N1641 NASSAU BAHAMAS	<input type="checkbox"/> Delete	TITLE D.V.P. NAME ALAN J. BURROWS. STREET ADDRESS EDEN ESTATE. CITY-ST-ZIP NASSAU BAHAMAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PFENNINGER, ASTRID 851 S.W. 1ST AVE. POMPANO BCH. FL 33060	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **ALAN J. BURROWS.** **25 APRIL 2003.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)