2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000041646 **DOCUMENT #**

1. Entity Name TROPICAL SNOW CONE, CORP.

SIGNATURE:



FILED Feb 14, 2003 8:00 am Secretary of State

02-14-2003 90232 044 ***150.00

Daytime Phone #

Principal Place of Business 441 ESPANOLA WAY MIAMI BEACH FL 33139 US			441 E	Mailing Address 441 ESPANOLA WAY MIAMI BEACH FL 33139 US							
2. Principal Place of Business			3. Mail	3. Mailing Address			(1881)281 338 (888) 1810 8810		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. FEI Number 65-0805591			plied For t Applicable		
Zip		Country	Zip		Country	5. (Certificate of Status Desired		.75 Add Required		
	6. Name	and Address of Currer	it Registere	d Agent		7. 1	Name and Address of New Reg	istered Age	nt		
TORRES, SIRA 441 ESPANOLA WAY MIAMI BEACH FL 33139				Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)						
MIAMI BEA	UN FL 33	139			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 Signature, typed or printed name of registered agent and title if applicable. (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					S. Election Campaign Finan Trust Fund Contribution.		Added	May Be I to Fees			
10.		OFFICERS AN	D DIRECTO	RS	11.	AC	DITIONS/CHANGES TO OFFICE	ERS AND D	RECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRES, 10091 SW MIAMI FL	138 COURT		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1302 EUC	ARCIA, WILSON D LID AVENUE, #8 ACH FL 33139		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1710 3711 -			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			С] Change	☐ Addition	
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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.