


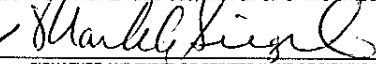


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 184876</b> 1. Entity Name <b>TROPIC TRADES, INC.</b>						<b>FILED</b> <b>04 NOV 30 PM 12: 03</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9696 S W 40TH STREET</b> <b>MIAMI, FL 33165</b>				Mailing Address <b>9696 S W 40TH STREET</b> <b>MIAMI, FL 33165</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.					
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-0860278</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent:				7. Name and Address of New Registered Agent			
<b>SIEGEL, RITA</b> <b>9696 SW 40TH ST</b> <b>MIAMI, FL 33165</b>				Name <b>Mark Siegel</b> Street Address (P.O. Box Number is Not Acceptable) <b>9696 S.W. 40 St.</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33165</b>			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>11/17/04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BIMONTE, MARILYN</b> <b>13761 SW 105TH ST</b> <b>MIAMI, FL 33186</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>900043065789</b> <b>11/30/04--01038--022 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SIEGEL, MARK</b> <b>9696 SW 40TH ST</b> <b>MIAMI, FL 33165</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>P.V.P.T.S.D</b> <b>Mark Siegel</b> <b>9696 S.W. 40 St.</b> <b>Miami, FL 33165</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SIEGEL, RITA</b> <b>9696 SW 40TH ST</b> <b>MIAMI, FL 33165</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 				Mark Siegel      11/17/04      (305)221-1371			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							