2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 361028

1. Entity Name
TROPIC RACK EQUIPMENT COMPANY

Principal Place of Business	Mailing Address
4600 E 11TH AVE HIALEAH, FL 33013	4600 E 11TH AVE HIALEAH, FL 33013

03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1297914
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABBOTT, ELIZABETH W
3545 NE 166 ST
NORTH MIAMI BEACH, FL 33160

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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 _____ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABBOTT, GEORGE
STREET ADDRESS	3545 NE 166 ST
CITY ST ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	S
NAME	DAVIS, LILLIAN
STREET ADDRESS	10330 SW 55TH ST.
CITY ST ZIP	MIAMI, FL
TITLE	VPT
NAME	ABBOTT, ELIZABETH W
STREET ADDRESS	3545 NE 166 ST
CITY ST ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	V
NAME	ATKINSON, GARY L
STREET ADDRESS	98 WEST 7 STREET APT #8
CITY ST ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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03/25/05-80044-024 150.00

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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.

SIGNATURE: Elizabeth Abbott ELIZABETH ABBOTT 3/22/05 305-944-7291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number