


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # 361028 1. Entity Name TROPIC RACK EQUIPMENT COMPANY	
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Principal Place of Business 4600 E 11TH AVE HIALEAH, FL 33013	Mailing Address 4600 E 11TH AVE HIALEAH, FL 33013
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04112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1297914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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7. Signature of Registered Agent [Signature]
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000300590 04/29/08-80035-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, LILLIAN 10330 SW 55 ST MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABBOTT, ELIZABETH W 3545 NE 166 ST NORTH MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, GARY L 7400 STIRLING RD APT 1514 HOLLYWOOD, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. Signature of Officer or Director [Signature]
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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: L. Davis-Lillian Davis SEC/TR **4/11/08** **305-681-3430**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #