

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90029 024 \*\*\*150.00

**DOCUMENT # 423027**

1. Entity Name  
TROPIC SUPPLY, INC.



Principal Place of Business

151 N.E. 179 STREET  
MIAMI, FL 33162

Mailing Address

151 N.E. 179 STREET  
MIAMI, FL 33162

**60004227**



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1452203

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DEL VECCHIO (CHARLES F.)  
151 NE 179 STREET  
MIAMI, FL 33162

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 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 DEL VECCHIO, CHARLES F  
STREET ADDRESS 1330 NE 103 STREET  
CITY-ST-ZIP MIAMI SHORES, FL

TITLE SD  
NAME DEL VECCHIO, MARY GAIL  
STREET ADDRESS 1330 NE 103 STREET  
CITY-ST-ZIP MIAMI SHORES, FL

TITLE VD  
NAME DEL VECCHIO, CHARLES F JR  
STREET ADDRESS 2543 JARDIN TERR  
CITY-ST-ZIP FORT LAUDERDALE, FL 33327

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES F. DEL VECCHIO

Date

Daytime Phone #

1-13-06

305-652-7717