


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # G09191	
1. Entity Name TROPIC FLOWER DISTRIBUTORS, INC.	

Principal Place of Business 395 CARIBBEAN RD. MIAMI, FL 33149	Mailing Address 395 CARIBBEAN RD. MIAMI, FL 33149
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2233281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETERSEN, JOHN R
395 CARIBBEAN RD
MIAMI, FL 33149

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSEN, STARIA 395 CARIBBEAN RD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSEN, JOHN R 395 CARIBBEAN RD MIAMI, FL
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02/17/04-80037-013 150.00

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: John R. Petersen JOHN R. PETERSEN 1/22/04 (305) 361-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #