04/27/05 08:23 ☎3054462238 M G P CPA

FILED
May 03, 2005 8:00 am
Secretary of State
05-03-2005 90150 035 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G09191

1. Entity Name
TROPIC FLOWER DISTRIBUTORS, INC.

Principal Place of Business	Mailing Address
395 CARIBBEAN RD. MIAMI, FL 33149	395 CARIBBEAN RD. MIAMI, FL 33149

20034010

04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2233281
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSEN, JOHN R
395 CARIBBEAN RD
MIAMI, FL 33149

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $8.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PETERSEN, STARIA
STREET ADDRESS	395 CARIBBEAN RD
CITY-ST-ZIP	MIAMI, FL
TITLE	P
NAME	PETERSEN, JOHN R
STREET ADDRESS	395 CARIBBEAN RD
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 4/27/05 (305)361-2890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #