



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G81258</b>		
1. Entity Name <b>SOUTHERN TROPICALS, INC.</b>		
Principal Place of Business <b>3766 NW 124TH AVENUE CORAL SPRINGS, FL 33065 US</b>		Mailing Address <b>3766 NW 124TH AVENUE CORAL SPRINGS, FL 33065 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01062008 No Chg-P CR2E034 (11/05)
		4. FEI Number <b>59-2368329</b> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>EISENSMITH, JEFFREY 1 FINANCIAL PLAZA #160 FT. LAUDERDALE, FL 3394</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 re-registering) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		11111111456866 03/16/06-80047-003 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALINKIN, LAWRENCE 9851 SW 4TH STREET PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALINKIN, PHYLLIS J 9851 SW 4TH STREET PLANTATION, FL 33324	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALINKIN, MICHAEL A 5821 NW 62 ST. PARKLAND, FL 33087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <b>L.E. Galinkin</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-6-06 954-510-0277 Date Daytime Phone #