


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90086 039 ***158.75

DOCUMENT # G81258 1. Entity Name SOUTHERN TROPICALS, INC.					
Principal Place of Business 3766 NW 124TH AVENUE CORAL SPRINGS, FL 33065 US			Mailing Address 3766 NW 124TH AVENUE CORAL SPRINGS, FL 33065 US		
2. Principal Place of Business, No P.O. Box # 9851 SW 4TH ST		3. Mailing Address 9851 SW 4TH ST			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Plantation, FL		City & State Plantation, FL		4. FEI Number 59-2368329	
Zip 33324		Country BRUNAR		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISENSMITH, JEFFREY 1 FINANCIAL PLAZA #160 FT. LAUDERDALE, FL 3394				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALINKIN, LAWRENCE 9851 SW 4TH STREET PLANTATION, FL 33324		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALINKIN, PHYLLIS J 9851 SW 4TH STREET PLANTATION, FL 33324		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALINKIN, MICHAEL A 7355 NW 60TH LANE PARKLAND, FL 33067		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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 to this report, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1-10-08 Daytime Phone # 984-36-4713		