

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # H44636

1. Entity Name  
TRANS PACIFIC IMPORTS, INC.



Principal Place of Business

700 A1A HWY  
BOX 3351  
JUPITER, FL 33469

Mailing Address

P.O. BOX 3351  
JUPITER, FL 33469



01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1286586

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RATHKE, R.C.  
BOX 3351  
700 A1A HWY  
JUPITER, FL 33469

**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, 2005 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 RATHKE, CAROLA  
STREET ADDRESS 700 A1A HWY  
CITY-ST-ZIP JUPITER, FL

TITLE VS  
NAME RATHKE, CRISTINA  
STREET ADDRESS 364 GOLFVIEW RD #201  
CITY-ST-ZIP N PALM BEACH, 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

000000314897  
04/19/05-80013-006 150.00

**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: *R.C. Rathke* R.C. RATHKE

Date

Daytime Phone #

2/1/05 561-7460980