

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J57856

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA TROPICULTURE, INC.

**Current Principal Place of Business:**

17325 SW 208 ST  
MIAMI, FL 33187

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 970943  
MIAMI, FL 33197 US

**New Mailing Address:**

**FEI Number:** 59-2769694      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TARABOULOS, JACK  
9400 S. DADELAND BLVD.  
SUITE #601  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DVPT  
Name: LEE, LAWRENCE  
Address: 7549 SW 190TH ST  
City-St-Zip: MIAMI, FL 33157

Title: DPS  
Name: LEE, PATRICIA  
Address: 7549 SW 190TH ST  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA M LEE

DPS

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date