




FILED
Apr 15, 2005 08:00 AM
Secretary of State

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| DOCUMENT # K00569 | | Apr 15, 2005 08:00 | |
| 1. Entity Name THE TROPIC PLANTS, INC. | | Secretary of State | |
| Principal Place of Business 7910 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321 US | | Mailing Address 7921 NW 71 AVE TAMARAC, FL 33321 | |
| DO NOT WRITE IN THIS SPACE | |  02222005 No Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-2855022 Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BAKER, ROBERT M. 8181 W BROWARD BLVD 300 PLANTATION, FL 33324 | | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | |  04/15/05-80018-017 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D COSTANZO, THERESA 7921 N.W. 71ST AVE. TAMARAC, FL | | DO NOT WRITE IN THIS SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROSIN, SHELDON 7921 NW 71 AVENUE TAMARAC, FL | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
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| 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:  Theresa Costanzo 4-11-05 954-7241955 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |