


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # K16891 1. Entity Name TROPICAL CARRIERS, INC.	
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Principal Place of Business 12060 NW 50 RIVER DR. 1712 SW 99 PLACE MEDLEY, FL 33178 US	Mailing Address C/O ESTEBAN ACOSTA JR 1712 SW 99TH PL MIAMI, FL 33165-7551 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0033546	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ACOSTA, ESTEBAN JR
1712 SW 99 PL
MIAMI, FL 33165

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD ACOSTA, ESTEBAN JR 1712 SW 99 PL MIAMI, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD ELORTEGUI, MARTA 9350 BALADA CORAL GABLES, FL
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01/10/07-80019-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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: ESTEBAN ACOSTA JR 1/4/07 305-888-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date De, tire Phone #