

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22211

FILED
Apr 16, 2009
Secretary of State

Entity Name: WEST INDIES TROPICAL SALES COMPANY

Current Principal Place of Business:

2601 S. S. BAYSHORE DRIVE
PH-1A
COCONUT GROVE, FL 33133

Current Mailing Address:

2601 S. S. BAYSHORE DRIVE
PH-1A
COCONUT GROVE, FL 33133

New Principal Place of Business:

2601 S. S. BAYSHORE DRIVE
PH-1A
COCONUT GROVE, FL 33133 US

New Mailing Address:

2601 S. S. BAYSHORE DRIVE
PH-1A
COCONUT GROVE, FL 33133 US

FEI Number: 65-0045675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTMAN, ERIC P P.A.
7695 S.W. 104TH STREET
SUITE 210
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: VPD () Delete
Name: GORDON, DEBRA
Address: 2601 S BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL

Title: DP () Delete
Name: GORDON, SAMUEL
Address: TERREMARK CENTRE, PH-1A, 2601 S BAYSHORE
City-St-Zip: COCONUT GROVE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: GORDON, DEBRA
Address: SBS TOWER PH1-A, 2601 S BAYSHORE DR
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: DP (X) Change () Addition
Name: GORDON, SAMUEL
Address: SBS TOWER PH-1A, 2601 S BAYSHORE
City-St-Zip: COCONUT GROVE, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SAMUEL GORDON

DP

04/16/2009

Electronic Signature of Signing Officer or Director

Date