

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2005
Secretary of State**

DOCUMENT# N02000001664

Entity Name: GRUPO TROPIC'S INC.

Current Principal Place of Business:

1501 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

1501 NE 167TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 57-1136959 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTILLO, ALFREDO
1501 NE 167TH STREET
NORTH MIAMI, FL 33162 US

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

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASTILLO, JUAN
Address: 1501 NE 167TH STREET
City-St-Zip: NORTH MIAMI BEACH,, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ABREU, PEDRO
Address: 1501 NE 167TH STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: CASTILLO, ANA
Address: 1501 NE 167TH STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: ALV AR EZ, ISRAEL
Address: 1501 NE 167TH STREET
City-St-Zip: NORTH MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Delete
Name: INFANTE, CARMELO
Address: 1501 NE 167TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CASTILLO

D

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date