2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUM 1. Entity Name	MENT # P0000002624	45		04 MAR 12 AM 7	: 43	
TROPICAL SEPTIC TANK CORPORATION			02-23-2004 90049 017 ***150.00 SECH. B. TO C.F. STATE TALLANDESPER FLORIDA			
Principal Place	of Business	Mailing Address			· ,DM	
2317 W. 2NO HIALEAH FL) AVE . 33010	2317 W. 2ND AVE HIALEAH FL 33010		010	44174	
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	ace of Business	3. Mailing Address	40e.			
2317 Suite, Apt.	w z AUC	2317 W 2 *		- NOORE ORSE	(004 /11/02)	
ouno, ripi.	., 0.0.)		MOORE CR2E	034 (11/03)	
City & State	leph:	City & State		4. FEI Number 74-2847906	Applied Not App	
Zip FL	Country 33010	FL 33010	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registe	red Agent	
DELGADO, AGUSTIN 357 EAST 15TH STREET				Street Address (P.O. Box Number is Not Acceptable)		
HIAI	LEAH FL 33010		2317	W Z AVE		
			City Lia	leah	FL Zio Code	
8. The above	named entity submits this statement f	or the purpose of changing its reg		stered agent, or both, in the State of Florida.	am familiar with, and a	
the obligat	ions of registered agent					
SIGNATURE .	× Word		. ,			
	Signature, typed or priviled rearie or registered agoni	t and title if applicable. (NOTE: Re	gistereo Apent signature regu	rréd when reinstating) D	MATE	
- 201-164 E	Signature, typed or privated name of registered agon	t and title if applicable. (NOTE: Re	gistered Agent signature requ	red when reinstating) D	MAIE	
Afte	ILE NOW!!! FEE IS \$150.00 (r.May 1, 2004 Fee will be \$550.00		gistered Agent agneture requ	9. Election Campaign Financing	9 _ \$5.00 Ma	
Afte Make Checl	ILE NOW!!! FEE IS \$150.00 May !! 2004 Fee will be \$550.00 Payable to Florida Department of	of State		9. Election Campaign Financing Trust Fund Contribution.	9 \$5.00 Ma	
Afte Make Checl	ILE:NOW!!! FEE; IS \$150.00 May 1: 2004 Fee will be \$350.00 Repayable to Florida Department OFFICERS AND	of State	11.	9. Election Campaign Financing	9 \$5.00 Ma Added to Fe	
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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 directly 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 changed, or on an attachment with an address. With all other like empowered.

SIGNATURE:

SIGNATURE: _

2-17-04

FILED

305-556-64