

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90291 044 ***150.00

0005670 AT

DOCUMENT # P00000032497

1. Entity Name
THE TROPICAL TASTE, INC.



Principal Place of Business
9845 SW 184 ST.
MIAMI FL 33157

Mailing Address
9845 SW 184 ST.
MIAMI FL 33157



2. Principal Place of Business
9845 SW 184st

3. Mailing Address
9845 SW 184st

Suite, Apt. #, etc.
Miami

Suite, Apt. #, etc.
Miami

City & State
Miami FL

City & State
Miami FL

4. FEI Number
65-0972680

Applied For
 Not Applicable

Zip
33157

Country
U.S.A.

Zip
33157

Country
U.S.A.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CLARKE, JUDITH
9845 SW 184 ST.
MIAMI FL 33157

7. Name and Address of New Registered Agent
Name
9845 SW 184st. Judith Gooden
Street Address (P.O. Box Number is Not Acceptable)
Clarke
Miami
City
FL Zip Code *33157*

8. If 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 *J Gooden*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete D GOODEN, EVADNE 9845 SW 184 ST. MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D GOODEN-CLARKE, JUDITH 9845 SW 184 ST. MIAMI FL 33189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J Gooden* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 *305-235-568*
Date Daytime Phone #

CR2E034 (10/02)