

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056784

Entity Name: TROPICAL BISTRO, INC.

FILED  
Apr 24, 2005  
Secretary of State

## Current Principal Place of Business:

9920 HWY A1A, ALT  
SUITE #804  
PALM BEACH GARDENS, FL 33410

## New Principal Place of Business:

## Current Mailing Address:

9920 HWY A1A ALT  
SUITE #804  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

FEI Number: 65-1016565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAKE, AGUSTUS D  
9920 HWY A1A ALT  
SUITE #804  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

BLAKE, MARIE E  
9920 HWY A1A ALT  
SUITE #804  
PALM BEACH GARDENS, FL 33410 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: MARIE E BLAKE

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BLAKE, AGUSTUS D  
Address: 9920 HWY A1A ALTERNATE, STE 804  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: SO ( ) Delete  
Name: BLAKE, MARIE E  
Address: 9920 HWY A1A ALTERNATE, STE 804  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ROBERTS, RICHARD  
Address: 9920 HWY A1A ALTERNATE, STE 804  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

Title: D ( ) Change (X) Addition  
Name: ANDERSON, MIGUEL S  
Address: 1441 BRANDYWINE RD, #900L  
City-St-Zip: WEST PALM BEACH, FL 33409

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE E BLAKE

D

04/24/2005

Electronic Signature of Signing Officer or Director

Date