

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/29/04 90036 018 \*150.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 16 AM 8:00

DOCUMENT # P00000087652

1. Entity Name

TROPICAL BATH PRODUCTS INC.



Principal Place of Business

13500 S W 88TH STREET, #185  
MIAMI FL 33186

Mailing Address

13500 S W 88TH STREET, #185  
MIAMI FL 33186

2. Principal Place of Business

13500 SW 88TH ST

Suite, Apt. #, etc.

Suite # 185

City & State

MIAMI - FL

Zip

33186

Country

DADE

3. Mailing Address

P O Box 398522

Suite, Apt. #, etc.

City & State

M. Bch - FL 33239

Zip

33239

Country

DADE



MOORE

CR2E034 (4/04)

MRS

4. FEI Number

01-0585947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Chris Angelini (DP)

JUN 7/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete  
NAME RODRIGUEZ, MAGALY  
STREET ADDRESS 13500 S W 88TH STREET, #185  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME ANGELINI, CHRIS  
STREET ADDRESS 13500 S W 88TH STREET, #185  
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Chris Angelini (DP)

JUN 7/04

305-752-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #