

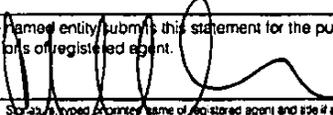
2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-17-2005 90003 024 ***150.00
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SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P00000087652			
1. Entity Name TROPICAL BATH PRODUCTS INC.			
Principal Place of Business 13500 S W 88TH STREET, #185 MIAMI, FL 33186		Mailing Address PO BOX 398522 MIAMI BEACH, FL 33239	
2. Principal Place of Business 13500 SW 88th ST		3. Mailing Address P.O. BOX 398522	
Suite, Apt. #, etc. # 185		Suite, Apt. #, etc.	
City & State Mia - FL		City & State Mia Bch - FL, 33239	
Zip 33186		Zip	
Country		Country	
5. Certificate of Status Desired <input type="checkbox"/>		5202005 Chg-P CR2E034 (10/03)	
4. FEI Number 01-0585947		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ANGELINI, CHRIS 888 BRICKELL KEY DRIVE MIAMI, FL 33131		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 (P) DATE May 31/05	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RODRIGUEZ, MAGALY 13500 S W 88TH STREET, #185 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Chris Angelini 888 Brickell Key Dr. #605 Mia - FL, 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ANGELINI, CHRIS 13500 S W 88TH STREET, #185 MIAMI, FL 33186 <input checked="" type="checkbox"/> Delete	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"/> Delete	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)(1), 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 (P) DATE May 31/05 786-286-9936	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	