


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2007 08:00 A
Secretary of State

DOCUMENT # P0000095468
 1. Entity Name
A & A TROPICAL FOODS CORP.



Principal Place of Business Mailing Address
P.O.BOX 56-3095 **P.O..BOX 56-3095**
MIAMI, FL 33256 **MIAMI, FL 33256**

DO NOT WRITE IN THIS SPACE



08292007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1046864 Not Applicable

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

6. Name and Address of Current Registered Agent

CARPIO, ARMANDO
P.O.BOX 56-3095
MIAMI, FL., FL 33256

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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 _____ U000000773330
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 09/05/07-20095-010 150.00
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARPIO, ALINA P.O.BOX 56-3095 MIAMI, FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRE CARPIO, ARMANDO P.P.BOX 56-3095 MIAMI, FL 33256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Armando Carpio* **8/30/07** **305.638.1568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #