


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90302 001 ***300.00

DOCUMENT # P00000095468 1. Entity Name A & A TROPICAL FOODS CORP.					
Principal Place of Business 1100 NW 23 STREET MIAMI, FL 33127			Mailing Address P.O. BOX 56-3095 MIAMI, FL 33256		
2. Principal Place of Business (No P.O. Box #) 7320 Carlyle Ave Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Miami Beach, FL			City & State		
Zip 33141 Country		Zip Country		4. FEI Number 65-1046864	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARPIO, ARMANDO 1100 NW 23 STREET MIAMI, FL, FL 33127			7. Name and Address of New Registered Agent Name ARMANDO CARPIO Street Address (P.O. Box Number is Not Acceptable) 7320 Carlyle Ave City MIAMI BEACH FL Zip Code 33141		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRE CARPIO, ARMANDO P.O. BOX 56-3095 MIAMI, FL 33256	<input 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 exemptions contained in Chapter 149, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/30/08 Daytime Phone # 305 235.4911					