2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90339 035 ***150.00

Daytime Phone #

DOCUMENT # P0100003786 1. Entity Name TROPICAL EXPORT, INC.						04-10-2006	90339 035	i ***15	0.00	
Principal Place of Business Mailing Address 5655 NW 84TH AVENUE 5655 NW 84TH AVENUE MIAMI, FL 33166 MIAMI, FL 33166			UE							
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042006	Chg-P	_ CR2E034	(11/05)		
City & State		City & State			4. FEI Numb			→	plied For	
Zip	Country	Zip Coun		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				litional	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
FI-ZAATA	DI IRDAHIM S.	Name								
EL-ZAATARI, IBRAHIM S. 10855 SW 112TH AVENUE #218 MIAMI, FL 33176			Street Address (P.O. Box Number is Not Acceptable)							
				City			EI	Zip Code		
The above named entity submits this statement for the purpose of changing its register.							FL			
	riamed entity submits this statement ions of registered agent. Signature, typed or printed name of registered age			ed office of regis		in, in the state of Fic	OATE	illiar with,	and accept	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$55(9. Election Camp Trust Fund Cor			5.00 May Be added to Fees					
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME	D Delete 1111 EL-ZAATARI, IBRAHAM NAI] Change	Addition	
STREET ADDRESS	10314 SW 131 CT		NAM STRI	EET ADDRESS						
CITY-ST-ZIP	MIAMI, FL 33186		CITY	'-ST-ZIP						
TITLE		☐ Delete	TITL	į.] Change	Addition	
NAME STREET ADDRESS	NAI STE			SE EET ADORESS						
CITY-ST-ZIP				-\$1-ZIP						
TITLE		☐ Delete	TITL	E) Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP						
TITLE		☐ Delete	TITL] Change	☐ Addition	
NAME		_ Delete	NAM				_	1 Chango	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP				/-ST-ZIP				3.00		
TITLE NAME		☐ Delete	TITL				L] Change	Addition	
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP			City	r-ST-ZIP						
TITLE		☐ Delete	TITL	1			C] Change	☐ Addition	
NAME STREET ADDRESS			NAN STRI	IE EET ADDRESS						
CITY-ST-ZIP				r-\$1-ZIP						
indicated	certify that the information supplied we on this report or supplemental report poration or the receiver or trustee employed or an attachment with an address.	t is true and accurate and that	t my signa	iture shall have th	he same legal effe	ct as if made under	oath; that I am	an officer	or director	