




# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90086 046 \*\*\*158.75

<b>DOCUMENT # P01000010698</b> 1. Entity Name <b>TROPI CANDY IMPORT-EXPORT, INC.</b>					
Principal Place of Business <b>1290 WESTON ROAD SUITE 306 WESTON, FL 33326</b>			Mailing Address <b>4500 107 AVE, #104 MIAMI, FL 33178</b>		
2. Principal Place of Business <b>8150 WEST 30TH COURT</b> Suite, Apt. #, etc.		3. Mailing Address <b>4500 NW 107 AVE #104</b> Suite, Apt. #, etc.			
City & State <b>HALEAH</b>		City & State <b>MIAMI - FLORIDA</b>			
Zip <b>33018</b>	Country <b>FLORIDA</b>	Zip <b>33178</b>	Country <b>USA</b>		
4. FEI Number <b>65-1101399</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04242004    Chg-P    CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>HEIDENBERG, REMI 1440 JFK CAUSEWAY SUITE 301 MIAMI, FL 33141</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>				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 reinstating) DATE _____)</small>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				10. OFFICERS AND DIRECTORS	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HEIDENBERG, REMI 4500 NW 107 AVENUE, 104 MIAMI, FL 33178 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LOPILATO, CARMINE E 4500 NW 107 AVENUE, 104 MIAMI, FL 33178 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		<div style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</div>		
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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.					
<b>SIGNATURE:</b>  <b>REMI HEIDENBERG</b> <b>PRESIDENT</b> <b>04/24/04 (305)</b> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>					

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