

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90022 008 ***150.00

DOCUMENT # P01000032477

1. Entity Name
TROPICAL HEAT PRODUCTIONS, INC.



Principal Place of Business
**224 DATONA ST., #1112
WEST PALM BEACH, FL 33401**

Mailing Address
**224 DATONA ST., #1112
#1112
WEST PALM BEACH, FL 33401**

54033994



2. Principal Place of Business

224 DATONA ST

Suite, Apt. #, etc.

1412

City & State

West Palm Beach - FL

Zip

33401

Country

USA

3. Mailing Address

P.O. Box 1439

Suite, Apt. #, etc.

West Palm Bch

City & State

Florida

Zip

33402

Country

USA

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1149723

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAVITZ, BRUCE I ESQ.
1870 FOREST HILL BLVD
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name **Ricardo Raffington**

Street Address (P.O. Box Number is Not Acceptable)

250 Woodland Rd

City

West Palm Beach

FL

Zip Code

33415

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

R. Raffington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAFFINGTON, RICARDO
STREET ADDRESS 224 DATURS STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☐ Delete

TITLE VD
NAME CAPLAIN, CLARK
STREET ADDRESS 224 DATURS STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

R. Raffington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-04

Date

Daytime Phone #

561-968-5500