2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2004
Secretary of State

DOCUMENT# P01000084505

Entity Name: LA TROPICAL, INC.

Current Principal Place of Business:

4319 AUTUMN LEAVES DR.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 340478
TAMPA, FL 33694

New Mailing Address:

FEI Number: 59-3740465 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOISA, VICTOR A SR.
4319 AUTUMN LEAVES DR.
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

MOISA SR., VICTOR A
4319 AUTUMN LEAVES DR.
TAMPA, FL 33624 US

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.

SIGNATURE: VICTOR A MOISA SR. 09/03/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: MOISA, VICTOR A SR.
Address: 4319 AUTUMN LEAVES DR.
City-St-Zip: TAMPA, FL 33624

Title: VPRE ( ) Delete
Name: MOISA, ANA A
Address: 4319 AUTUMN LEAVES DR.
City-St-Zip: TAMPA, FL 33624

Title: SECR ( ) Delete
Name: MOISA, VICTOR A JR.
Address: 4319 AUTUMN LEAVES DR.
City-St-Zip: TAMPA, FL 33624

Title: TREA ( ) Delete
Name: MOISA, CARLOS E
Address: 4319 AUTUMN LEAVES DR.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MOISA SR., VICTOR A
Address: 4319 AUTUMN LEAVES DR.
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SECR (X) Change ( ) Addition
Name: MOISA JR., VICTOR A
Address: 4319 AUTUMN LEAVES DR.
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR A. MOISA SR. PRES 09/03/2004
Electronic Signature of Signing Officer or Director Date