

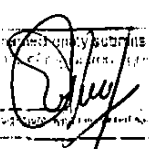
19:12 AUG 07, 2006

FR: EYDEL PEREZ

FILED
Aug 14, 2006 8:00 am
Secretary of State

08-14-2006 90036 012 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000086788			
1. Entity Name TROPICAL FOOD DISTRIBUTOR, INC			
Principal Place of Business 8 ADLER DR ORLANDO, FL 32807		Mailing Address 8 ADLER DR ORLANDO, FL 32807	
2. Filing Office Sub. Art. #, etc. 8 N. Alder Drive City & State Orlando, FL Zip 32807 Country U.S.		3. Mailing Address Sub. Art. #, etc. 8 N. Alder Drive City & State Orlando, FL Zip 32807 Country U.S.	
4. Fee Number 59-3743019		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, NORBERTO 8 ADLER DR ORLANDO, FL 32807		7. Name and Address of Now Registered Agent Perez, Norberto 8 N. Alder Drive Orlando, FL 32807	
8. The above information is submitted for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hereby withdrawing my attempt to change its registered office or agent.			
SIGNATURE: 		DATE: 8-6-06	
FILE NOW!!! FEE IS \$150.00 Due by September 5, 2006		9. Election Campaign Financing (This field is optional) ☐ \$5.00 may be needed to fees	
In accordance with s. 608.192(2)(b) F.S., the corporation did not receive and prior notice.			
10. OFFICERS AND DIRECTORS			
10.1	NAME PEREZ, NORBERTO	10.2	NAME Perez, Norberto
STREET ADDRESS 8 ADLER DR	STREET ADDRESS 8 N Alder Drive	10.3	NAME
CITY-STATE-ZIP ORLANDO, FL 32807	CITY-STATE-ZIP Orlando, FL 32807	10.4	NAME
10.5	NAME	10.5	NAME
STREET ADDRESS	STREET ADDRESS	10.6	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.7	NAME
10.8	NAME	10.8	NAME
STREET ADDRESS	STREET ADDRESS	10.9	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.10	NAME
10.11	NAME	10.11	NAME
STREET ADDRESS	STREET ADDRESS	10.12	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.13	NAME
10.14	NAME	10.14	NAME
STREET ADDRESS	STREET ADDRESS	10.15	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.16	NAME
10.17	NAME	10.17	NAME
STREET ADDRESS	STREET ADDRESS	10.18	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.19	NAME
10.20	NAME	10.20	NAME
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CITY-STATE-ZIP	CITY-STATE-ZIP	10.22	NAME
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STREET ADDRESS	STREET ADDRESS	10.24	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.25	NAME
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STREET ADDRESS	STREET ADDRESS	10.27	NAME
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STREET ADDRESS	STREET ADDRESS	10.30	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.31	NAME
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STREET ADDRESS	STREET ADDRESS	10.36	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.37	NAME
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CITY-STATE-ZIP	CITY-STATE-ZIP	10.40	NAME
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STREET ADDRESS	STREET ADDRESS	10.42	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.43	NAME
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STREET ADDRESS	STREET ADDRESS	10.45	NAME
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STREET ADDRESS	STREET ADDRESS	10.51	NAME
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CITY-STATE-ZIP	CITY-STATE-ZIP	10.88	NAME
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STREET ADDRESS	STREET ADDRESS	10.90	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.91	NAME
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STREET ADDRESS	STREET ADDRESS	10.93	NAME
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STREET ADDRESS	STREET ADDRESS	10.96	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.97	NAME
10.98	NAME	10.98	NAME
STREET ADDRESS	STREET ADDRESS	10.99	NAME
CITY-STATE-ZIP	CITY-STATE-ZIP	10.100	NAME

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

8-6-06

(401) 538-2085