2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008442

TROPICAL LIQUED INC

City-St-Zip: FORT LAUDERDALE, FL 33317

FILED Apr 26, 2005 Secretary of State

Entity Nai	me: TROPICA	AL LIGHTS, INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE 336					
FORT LAU	JDERDALE, F	L 33324			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
SUITE 336	IIVERSITY DR 3 JDERDALE, F				
FEI Number	: 75-2978120	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address o	and Address of New Registered Agent:	
SUITE 336	IIVERSITY DR				
	e named entity : e of Florida.	submits this statement for the p	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CULLIMORE, J 200 S BIRCH F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	V () KOVARIK, SUS 2143 NOVA VIL		Title: Name: Address:	() Change () Addition	

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: SUSAN KOVARIK 04/26/2005