

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072134

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: TROPICAL HEALTHY FOOD CORPORATION

**Current Principal Place of Business:**

4994 NW 39TH AVE  
SUITE C  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

3149 SE 54TH CIR  
OCALA, FL 34471

**New Mailing Address:**

FEI Number: 36-4501533

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GORDIAN, CARLOS  
3149 SOUTHEAST 54TH CIRCLE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GORDIAN, CARLOS  
Address: 3149 SOUTHEAST 54TH CIRCLE  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: ARROYO, NILDA  
Address: 3149 SE 54TH CIR  
City-St-Zip: OCALA, FL 34471

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: O (X) Change ( ) Addition  
Name: GORDIAN, CARLOS  
Address: 3149 SOUTHEAST 54TH CIRCLE  
City-St-Zip: OCALA, FL 34471

Title: D (X) Change ( ) Addition  
Name: ARROYO, NILDA  
Address: 3149 SE 54TH CIR  
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: CARLOS F. GORDIAN

O

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date