2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 07, 2005 08:00 AM **DOCUMENT # P03000013378 Secretary of State** 1. Entity Name TROPICAL IMPORT, INC. Mailing Address Principal Place of Business 2030 OLD DIXIE HIGHWAY SE P.O. BOX 3084 TEQUESTA, FL 33469 VERO BEACH, FL 32962 02062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3099432 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRANITUR, ERIC DO NOT WRITE 535 GREYTWIG ROAD, SUITE 5 VERO BEACH, FL 32962 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE LUCAS, RODNEY NAME STREET ADDRESS P.O. BOX 3084 CITY-ST-ZIP TEQUESTA, FL 33469 U00000255072 03/07/05-80098-024 158.75 TID F NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

1-25-05