## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P03000059057  1. Entity Name TROPICAL HEAT RESTAURANT AND LOUNGE, INC.					04-16-2004 90086 050 ***150.00			
Principal Place	of Business .	Mailing Address	I	<del></del>		10 m 1 m 1 m		
Principal Place of Business Mailing Address 224 DATURA ST #1412 224 DATURA ST #1412 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 3				, C	**************************************	*		
				1 (85)(81) (1)	<b>ABIAN</b> 41111 <b>ABIM BB</b> IM <b>AB</b> IM	BEIET SMID JEIM EETEL EMIL ER		
	ace of Business	3. Mailing Address	Military					
	S. Military IR.		ارار اديم	118				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04072004	Chg-P	CR2E034 (10/03)		
Wes-	- Palm Beach	West Palm	Beach,	FL 4. FEI Numbe	3691191		oplied For ot Applicable	
F) 23	Country A	33415	SCountry SA	5. Certificate	of Status Desired	S8.75 Add		
	6. Name and Address of Current F			7. Name and	Address of New Re			
			Name					
WRIGHT, LOLA 224 DATURA ST #1412  WEST PALM BEACH, FL 33401				Street Address (P.O. Box Number is Not Acceptable)				
WEST PAL	IN BEACH, PL 33401							
3			City	•		FL Zip Cod	e	
8. The above	named entity submits this statement for	the ournose of changing its	registered office or re	egistered agent or bot	h in the State of Flo	rida I am familiar with	and accept	
	ions of registered agent.	the parpoon of changing he	· ·	gottorou agotti, ur soi	,		and doop!	
SIGNATURE								
O CONTROLLE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature	required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9Election Campai Trust Fund Contr		\$5.00 May Be Added to Fees	ma e e e	. بيدين نيس		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	\$ IN 11	
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
.NAME	WRIGHT, LOLA	NAME						
STREET ADDRESS CITY-ST-ZIP	224 DATURA ST #1412	STREET ADDRESS CITY-ST-ZIP						
	WEST PALM BEACH, FL 33401	<u> </u>				☐ Change	Addition	
TITLE NAME	WRIGHT, AUSTIN	☐ Delete	TITLE NAMÉ		•	Change	☐ Addition	
STREET ADDRESS	224 DATURA ST #1412		STREET ADDRESS					
CITY-ST-ZIP:	WEST PALM BEACH, FL 33401		CITY-ST-ZIP					
TITLE		Delete	TITLE	131 1 1 2 1 1		☐ Change	_	
NAME	The state of the s		NAME	ينفنوا والمحاي	e garanta	* 1 + 3 -	+ :	
STREET ADDRESS			STREET ADDRESS			*		
CITY-ST-ZIP .	4		CITY-ST-ZIP,				***	
TITLE .		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	·		NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	and the second s	Delete	TITLE		بدونست ومند - د	☐ Change	☐ Addition	
NAME			NAME					
STREET ADDRESS		•	STREET ADDRESS					
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP				[m] *44æ	
TITLE	1	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS		•	STREET ADDRESS	•			•	
CITY-ST-ZIP			CITY-ST-ZIP					
L	<del>*</del>	this filing does not qualify for		- :- C+: 110 07(0)	(i) Flacido Statutos	I further earlifur that the	information	

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04 561-968-550