


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90086 050 \*\*\*150.00

<b>DOCUMENT # P03000059057</b> 1. Entity Name <b>TROPICAL HEAT RESTAURANT AND LOUNGE, INC.</b>			
Principal Place of Business <b>224 DATURA ST #1412</b> <b>WEST PALM BEACH, FL 33401</b>		Mailing Address <b>224 DATURA ST #1412</b> <b>WEST PALM BEACH, FL 33401</b>	
2. Principal Place of Business <b>1969 S. Military Tr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1969 S. Military Tr.</b> Suite, Apt. #, etc.	
City & State <b>West Palm Beach</b>		City & State <b>West Palm Beach, FL</b>	
Zip <b>FL 33415</b>	Country <b>USA</b>	Zip <b>33415</b>	Country <b>USA</b>
4. FEI Number <b>11-3691191</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WRIGHT, LOLA</b> <b>224 DATURA ST #1412</b> <b>WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, LOLA</b> <b>224 DATURA ST #1412</b> <b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, AUSTIN</b> <b>224 DATURA ST #1412</b> <b>WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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.			
<b>SIGNATURE:</b> <i>Austin Wright</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/9/04</b>	Daytime Phone # <b>561-968-5500</b>