2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90669 015 ***150.00

DOCUMENT # P03000119482

1. Entity Name
TALIN TROPIC COMPANY

Principal Place of Business	Mailing Address
777 EAST ATLANTIC AVENUE SUITE Z133 DELRAY BEACH FL 33483	777 EAST ATLANTIC AVENUE SUITE Z133 DELRAY BEACH FL 33483

MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
42 Lake Eden Dr.		777 E. Atlantic Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite Z-133	
City & State: Boynton Bch Fla		City & State: Delray Bch Fla	
Zip: 33435	Country: USA	Zip: 33483	Country:

4. FEI Number: 20-0547826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, TALIN
~~153 NE 4 AVE~~ 42 Lake Eden Dr.
~~DELRAY BCH FL 33483~~ Boynton Bch Fla 33435

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, TALIN ~~153 NE 4 AVE~~ 42 Lake Eden Dr. ~~DELRAY BCH FL 33483~~ Boynton Bch Fla 33435 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] Talin Johnson Mar 29 '04 561-731-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #