

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066837

FILED  
Mar 15, 2005  
Secretary of State

Entity Name: TROPICAL DISTRIBUTION LIMITED, INC.

## Current Principal Place of Business:

10200 NW 47 STREET  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

10200 NW 47 STREET  
SUNRISE, FL 33351

## New Mailing Address:

FEI Number: 20-1039717

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PD ( ) Delete  
Name: JONES, LYNEA J  
Address: 2316 SW 56TH TERRACE  
City-St-Zip: HOLLYWOOD, FL 33023

Title: VD ( ) Delete  
Name: D'AGOSTINO, PRISCILLA R  
Address: 2316 SW 56TH TERRACE  
City-St-Zip: HOLLYWOOD, FL 33023

Title: S (X) Delete  
Name: D'AGOSTINO, FRANK  
Address: 2316 SW 56TH TERRACE  
City-St-Zip: HOLLYWOOD, FL 33023

Title: T (X) Delete  
Name: JONES, MATTHEW S  
Address: 2316 SW 56TH TERRACE  
City-St-Zip: HOLLYWOOD, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: JONES, LYNEA J  
Address: 3839 WOODFIELD DR  
City-St-Zip: COCONUT CREEK, FL 33023

Title: VD (X) Change ( ) Addition  
Name: D'AGOSTINO, PRISCILLA R  
Address: 15595 NW 11 CT  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PRISCILLA R D'AGSOTINO

V P

03/15/2005

Electronic Signature of Signing Officer or Director

Date