

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000066837

FILED
Jan 04, 2008
Secretary of State

Entity Name: TROPICAL DISTRIBUTION LIMITED, INC.

Current Principal Place of Business:

4100 N POWERLINE RD
SUITE F1
POMPANO BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

4100 N POWERLINE RD
SUITE F1
POMPANO BEACH, FL 33073

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:

PRISCILLA DAGOSTION
15595 NW 11 CT
PEMBROKE PINES, FL 33028 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: 3839 WOODFIELD DR
City-St-Zip: COCONUT CREEK, FL 33023

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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 DAGOSTINO

VP

01/04/2008

Electronic Signature of Signing Officer or Director

Date