
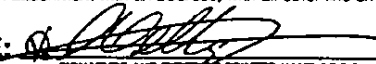


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2005-90067-028-\$150.00-\$150.00

<b>DOCUMENT # P04000067118</b> 1. Entity Name <b>TROPICAL TRANSPORTATION U.S.A INC.</b>			
Principal Place of Business <b>4348 NW 36 WAY LAUDERDALE LAKES, FL 33309</b>		Mailing Address <b>4348 NW 36 WAY LAUDERDALE LAKES, FL 33309</b>	
2. Principal Place of Business <b>4301 NW 36 WAY</b> Suite, Apt. #, etc.		3. Mailing Address <b>4301 NW 36 WAY</b> Suite, Apt. #, etc.	
City & State <b>LAUDERDALE LAKES, FL</b> Zip <b>33309</b> Country		City & State <b>LAUDERDALE LAKES, FL</b> Zip <b>33309</b> Country	
4. FEI Number <b>300248158</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WELLINGTON, OSWALD 4348 NW 36 WAY LAUDERDALE LAKES, FL 33309</b>		7. Name and Address of New Registered Agent Name <b>WELLINGTON, OSWALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>4301 NW 36 WAY</b> City <b>LAUDERDALE LAKES</b> FL Zip Code <b>33309</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	P	TITLE	PRESIDENT
NAME	WELLINGTON, OSWALD	NAME	WELLINGTON, OSWALD
STREET ADDRESS	4348 NW 36 WAY	STREET ADDRESS	4301 NW 36 WAY
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	TITLE	SECRETARY
NAME	MOWATT, BEVERLY	NAME	WELLINGTON, OSWALD
STREET ADDRESS	4348 NW 36 WAY	STREET ADDRESS	4301 NW 36 WAY
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309	CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	TREASURY
NAME		NAME	WELLINGTON, OSWALD
STREET ADDRESS		STREET ADDRESS	4301 NW 36 WAY
CITY-ST-ZIP		CITY-ST-ZIP	LAUDERDALE LAKES, FL 33309
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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> 		Date <b>8/3/05</b> Daytime Phone #	