
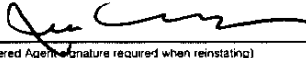
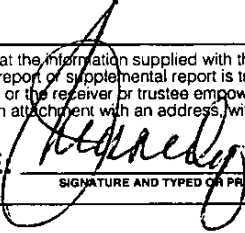


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90005 030 ***150.00

DOCUMENT # P04000118478 1. Entity Name TROPICAL IMPORTS. NET INC.					
Principal Place of Business 445 AUSTRALIAN CIRCLE LAKE PARK, FL 33403 US			Mailing Address 445 AUSTRALIAN CIRCLE LAKE PARK, FL 33403 US		
2. Principal Place of Business 750 NORTHLAKE BLVD Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State LAKE PARK, FL			City & State		
Zip 33408		Country PALM BEACH		Zip Country	
6. Name and Address of Current Registered Agent ELBLONK, IRA 1000 LAKE AVE. STE. LAKE WORTH, FL 33460				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 <u>IRA ELBLONK</u>  <u>7/24/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$250.00 \$150.00 Due by September 7, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P JODY, KENNEDY 445 AUSTRALIAN CIRCLE LAKE PARK, FL 33403 <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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(j), 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  <u>7/24/05</u> <u>501-845-5366</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50058321



07222005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1505874** Applied For Not Applicable

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

ATTACHMENT

Tropical Imports.Net, Inc.

dba

PO40001RFR
50058321

ParadiseProvisions.com

Date: July 24, 2005
To: Division of Corporations
From: Jody Kennedy
Paradise Provisions/Tropical Imports.net, Inc.

Ref: Annual Report 2005

I never received the original notice for filing, nor was I aware that this was something I needed to do.

I am new at this, and am learning as I go.

Please accept my check for \$150.00.

Thanks so much.

Sincerely,



Jody Kennedy