## 2006 FOR PROFIT CORPORATION

## Feb 17, 2006 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P04000136641 1. Entity Name C & P TROPICAL FARM, INC. Principal Place of Business Mailing Address 6330 SW 21ST STREET 6330 SW 21ST STREET MIRAMAR, FL 33023 MIRAMAR, FL 33023 01162006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1680447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOORDEEN, CHRIS DO NOT WRITE **6330 SW 21ST STREET** MIRAMAR, FL 33023 IN THIS SPACE 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 . Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE GOORDEEN, CHRIS NAME **6330 SW 21ST STREET** STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33023 TITLE NAME 800000438722 83701706-80017-017 1**50.0**0 STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-718

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I turther 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

(954) 383~2239

Deythra Phone #

2.14.06