2007 FOR PROFIT CORPORATION

Feb 12, 2007 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P04000136641** 1. Entity Name C & P TROPICAL FARM, INC. Malling Address Principal Place of Business 6330 SW 21ST STREET 6330 SW 21ST STREET MIRAMAR, FL 33023 MIRAMAR, FL 33023 02022007 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 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GOORDEEN, CHRIS NAME STREET ADDRESS **6330 SW 21ST STREET** U00000631049 MIRAMAR, FL 33023 CITY-ST-ZIP 02/20/07-80031-012 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADDRESS CITY-ST-ZIP NAME

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> a TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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