

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147475

FILED
Mar 28, 2012
Secretary of State

Entity Name: ISLAND TROPICS RESTAURANT, INC.

Current Principal Place of Business:

2527 NORTH MAIN STREET
16TH STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

Current Mailing Address:

2527 NORTH MAIN STREET
16TH STREET
JACKSONVILLE, FL 32206

New Mailing Address:

FEI Number: 65-1232025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NURSE-BURRELL, SYDNEY
3834 ANDERSON WOODS DRIVE
JACKSONVILLE, FL 32218 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: BURRELL, CEDRIC
Address: 3834 ANDERSON WOODS DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP
Name: NURSE-BURRELL, SYDNEY
Address: 3834 ANDERSON WOODS DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

I hereby 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 all other like empowered.

SIGNATURE: SYDNEY NURSE-BURRELL

VP

03/28/2012

Electronic Signature of Signing Officer or Director

Date