
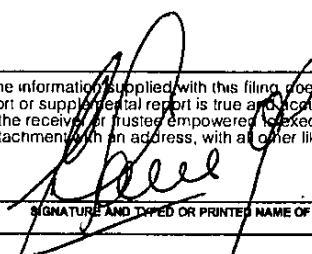


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000051496		
1. Entity Name TROPICANA RICE & BEANS CORP		
Principal Place of Business 7500 NW 25 ST 103B MIAMI, FL 33122		Mailing Address 7500 NW 25 ST 103B MIAMI, FL 33132
DO NOT WRITE IN THIS SPACE		
DO NOT WRITE IN THIS SPACE		02172007 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-2627834
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
8. Name and Address of Current Registered Agent ANDERSON CASTRO, P.A. 1925 BRICKELL AVE D-206 MIAMI, FL 33122		
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000642108 03/01/07-80028-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES AVILA, REMBERTO 1717 N. BAYSHORE DR # 1451 MIAMI, FL 33132	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANCHEZ, MIDIALA I 1717 N. BAYSHORE DR # 1451 MIAMI, FL 33132	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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: 		2/19/07 305 807411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #