


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90237 001 ***150.00
05-02-2006 90237 002 *****8.75

DOCUMENT # P05000133016 1. Entity Name TROPICAL BATH AND BEAUTY PRODUCTS, INC			
Principal Place of Business 85 GRAND CANAL DRIVE #207 MIAMI FL 33144 US		Mailing Address P.O BOX 398522 MIAMI BEACH FL 33239 US	
2. Principal Place of Business 5600 SW 135th Av Suite # 207		3. Mailing Address P.O Box 398522	
City & State Miami - FL		City & State Mia Bch - FL	
Zip 33183	Country USA	Zip 33239	Country USA
6. Name and Address of Current Registered Agent ANGELINI, CHRIS P 888 BRICKELL DRIVE # 605 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 30%; text-align: center;"> Chris Angelini (P) <small>(NOTE: Registered Agent signature required when relocating)</small> </div> <div style="width: 30%; text-align: right;"> April 4/06 <small>DATE</small> </div> </div>			
FILE NOW!!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 P	NAME ANGELINI, CHRIS - P	TITLE 	NAME
STREET ADDRESS 888 BRICKELL DRIVE #605	CITY-ST-ZIP MIAMI FL 33131	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Chris Angelini (P) <small>Date</small>	
		April 4/06 305-383-6300 <small>Daytime Phone #</small>	



1st MOORE CR2E034 (10/05)

4. FEI Number ☒ Applied For
Not Applicable

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