

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000019945

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL PHARMACY INC.

**Current Principal Place of Business:**

6289 WEST SUNRISE BLVD  
SUITE118  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6289 WEST SUNRISE BLVD  
SUITE118  
SUNRISE, FL 33313

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DELAVEGA, MARIA  
6289 WEST SUNRISE BLVD  
SUITE 118  
SUNRISE, FL FL 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: P  
Name: WHITE, CLAUDE  
Address: 6289 W. SUNRISE BLVD 118  
City-St-Zip: SUNRISE, FL 33313

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: CLAUDE WHITE

P

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date