

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000071972

Entity Name: TROPIC OF KIMBA, INC

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

5555 N OCEAN BLVD #48  
LAUDERDALE BY THE SEA, FL 33308

## **New Principal Place of Business:**

5555 N OCEAN BLVD #48  
SUITE 48  
LAUDERDALE BY THE SEA, FL 33308

## **Current Mailing Address:**

5555 N OCEAN BLVD #48  
LAUDERDALE BY THE SEA, FL 33308

## **New Mailing Address:**

5555 N OCEAN BLVD #48  
SUITE 48  
LAUDERDALE BY THE SEA, FL 33308

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

COHEN, SHARON  
5555 N OCEAN BLVD #48  
LAUDERDALE BY THE SEA, FL 33308 US

## **Name and Address of New Registered Agent:**

COHEN, SHARON  
5555 N OCEAN BLVD #48  
SUITE 48  
LAUDERDALE BY THE SEA, FL 33308 US

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: SHARON COHEN

02/26/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: PETERSON, KIMBERLY  
Address: 5555 N OCEAN BLVD #48  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

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: SHARON COHEN

AGEN

02/26/2011

Electronic Signature of Signing Officer or Director

Date