

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076191

Entity Name: TROPIX EXPRESS, INC.

FILED
May 06, 2008
Secretary of State

Current Principal Place of Business:

5115 NW 17 TER
HANGAR 39 B
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2501 S PALMAIRE DR
203
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0468588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, CARITA M
1435 WEST BUSCH BLVD.
SUITE A
TAMPA, FL 33612 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: SMITH, BETTY A
Address: HIGH VISTA P O BOX N1641
City-St-Zip: NASSAU BAHAMAS,

Title: DST () Delete
Name: MURRAY, CASSANDRA M
Address: 1125 FAIRFAX LANE
City-St-Zip: FT. LAUDERDALE, FL 33326

Title: DP () Delete
Name: PARISH, CHRISTINA R
Address: 2501 S PALMAIRE DR APT 203
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVP () Delete
Name: BURROWS, ALAN J
Address: EDEN ESTATE
City-St-Zip: NASSAU, BAHAMAS,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: M. CASSANDRA MURRAY

DST

05/06/2008

Electronic Signature of Signing Officer or Director

Date