## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 08:00 AN Secretary of State

		<b>—</b>	
DOCUMENT	# P94000010722		

1. Entity Name

TROPIC EXPRESS COURIER CORP.



Principal Place of Business

2128 SW 13TH STREET MIAMI, FL 33145 US Mailing Address

2128 SW 13TH STREET MIAMI, FL 33145 US



DO NOT WRITE IN THIS SPACE

04172008 No Chg-P CR2E034 (11/05)

5. Certificate of Status Desired

4. FEI Number 65-0468826 Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINS, CARLOS A 2128 SW 13TH STREET MIAMI, FL 33145

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pations of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE Registere	d Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing 🗖	\$5.00 May Be Added to Fees	U00000922554 05/15/08-80051-012 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE	P				
NAME	MARTINS, CARLOS A		1	•	
STREET ADDRESS	2128 S.W. 13TH ST.		Į.	•	
CITY-ST-ZIP	MIAMI, FL 33145				
TITLE			1		
NAME				i	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			1		
NAME					

DO NOT WRITE IN THIS SPACE

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 of thustee 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 attachpent with an address, with all other like empowered.

**SIGNATURE** 

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
CONTROL OF CONTROL

IGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/08

(305)5994801