


# 2004 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000055283</b>					
<b>1. Entity Name</b> TROPICAL BUTTERFLIES AND INSECTS OF AMERICA, INC.					
<b>Principal Place of Business</b> 6823 ROSEMARY DR. TAMPA FL 33625-3980			<b>Mailing Address</b> 6823 ROSEMARY DR. TAMPA FL 33625-3980		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc			Suite, Apt. # etc		
City & State			City & State		
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  SERRANO, MIGUEL E 6823 ROSEMARY DR. TAMPA FL 33625-3980				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when renating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SERRANO, GLADYS E 6823 ROSEMARY DR. TAMPA FL 33625-3980 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000033908 02/05/04-80062-012 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SERRANO, MIGUEL E 6823 ROSEMARY DR. TAMPA FL 33625-3980 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP SERRANO, ALEXANDER R 6823 ROSEMARY DR TAMPA FL 33625 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO SAYRE, CRISTINA P 10708 AYRSHIRE DR TAMPA FL 33626 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SERRANO, CARLOS R 6823 ROSEMARY DR TAMPA FL 33625 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SERRANO, ROXANA M 6823 ROSEMARY DR TAMPA FL 33625 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



MOORE CR2E034 (11/03)

**4. FEI Number** 59-3257137 ☐ Applied For ☐ Not Applicable

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

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Miguel E. Serrano* **MIGUEL E. SERRANO JAN 31, 2004 813-983-6643**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #