

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029542

FILED
Feb 21, 2005
Secretary of State

Entity Name: TROPICAL DISTRIBUTORS, INC.

Current Principal Place of Business:

1940 NW 33RDCT
POMPANO BEACH, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

1940 NW 33RDCT
POMPANO BEACH, FL 33064 US

New Mailing Address:

FEI Number: 65-0825397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ALLARD, ROBERT
2608 CASTILLA ISLE
FT LAUDERDALE, FL 33301 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: P/D () Delete
Name: ALLARD, ROBERT
Address: 2608 CASTILLA ISLE
City-St-Zip: FT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT ALLARD

P/D

02/21/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date