

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000100149

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL JUICES & PAPER DISTRIBUTORS, INC.

**Current Principal Place of Business:**

3420 W. HALLENDALE BCH BLVD.  
PEMBROKE PARK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

3420 W. HALLENDALE BCH BLVD.  
PEMBROKE PARK, FL 33023

**New Mailing Address:**

3420 W. HALLANDALE BCH BLVD.  
PEMBROKE PARK, FL 33023

**FEI Number:** 65-0878303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSCOVITCH, AARON  
3420 W HALLANDALE BEACH BLVD  
PEMBROKE PARK, FL 33023 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOSCOVITCH, AARON  
Address: 3420 W HALLANDALE BEACH BLVD  
City-St-Zip: PEMBROKE PARK, FL 33023

Title: STD  
Name: MOSCOVITCH, STEVE  
Address: 3420 W HALLANDALE BEACH BLVD  
City-St-Zip: PEMBROKE PARK, FL 33023

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: AARON MOSCOVITCH

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01/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date