


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000040683	
1. Entity Name TROPICAL GRAPHICS, INC.	

Principal Place of Business 4717 NE 12TH AVE OAKLAND PARK, FL 33334 US	Mailing Address 4717 NE 12TH AVE OAKLAND PARK, FL 33334 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2464299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HIRST, PAUL
4717 NE 12TH AVE
OAKLAND PARK, FL 33334**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIRST, PAUL 10000 NW 53RD ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELLS, SIMON 10000 NW 53RD ST SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SFONDRINI, JOHN 36 CATOONAH ST RIDGEFIELD, CT 06877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTOWE, TOWN 51 HARBOR DR. S OCEAN RIDE, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/20/04-80015-011 158.75

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 things like empowered.

SIGNATURE: Paul Hirst **PAUL HIRST** 1/13/04 954-351-9311
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #