

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000103507

FILED
Apr 26, 2008
Secretary of State

Entity Name: TROPIC STYLE OF KEY WEST INC

Current Principal Place of Business:

507 DUVAL ST
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

507 DUVAL ST
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0967316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEMMER, MOSHE
507 DUVAL ST
KEY WEST, FL 33040 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 () Delete
Name: NEMMER, MOSHE
Address: 507 DUVAL ST
City-St-Zip: KEY WEST, FL 33040

Title: VPD () Delete
Name: STACKEY, LIMOR
Address: 2104 PATTERSON AVE
City-St-Zip: KEY WEST, FL 33040

Title: TSD (X) Delete
Name: ZANN, NOAH
Address: 3333 DUCK AVE B111
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MOSHE NEMMER

P

04/26/2008

Electronic Signature of Signing Officer or Director

Date