2005 FOR PROFIT CORPORATION

Feb 22, 2005 8:00 am **Secretary of State ANNUAL REPORT** 02-22-2005 90015 014 ***150.00 DOCUMENT # V20127 1. Entity Name TROPIC LOOK, INC. Principal Place of Business Mailing Address 231 EAST FLAGLER STREET 231 EAST FLAGLER STREET MIAMI, FL 33131 MIAMI, FL 33131 01142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0327432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent- ---HERSH, BRIAN R DO NOT WRITE 19 W FLAGLER STREET SUITE 602 IN THIS SPACE MIAMI, FL 33130-4477 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE KARMEL, EZRA NAME STREET ADDRESS 18151 NE 31 COURT #401 CITY-SI-ZIP NO MIAMI BCH, FL TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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: ≤

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FFICER OR DIRECTOR

FILED