


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V70885**  
**1. Entity Name**  
**TROPICAL ART GLASS, INC.**



**Principal Place of Business**      **Mailing Address**  
**2712 WEST 79TH ST**      **2712 WEST 79TH ST**  
**HIALEAH, FL 33016 US**      **HIALEAH, FL 33016 US**

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**  
 Zip      Country      Zip      Country



04152005      Chg-P      CR2E034 (10/03)

**4. FEI Number**  
**65-0362707**      Applied For  
 Not Applicable

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**PEREZ, RENE**  
**230 NW 8TH AVE**  
**#1224**  
**MIAMI, FL 33172**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$350.00**

**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            | <input type="checkbox"/> Delete |
|----------|--------------------|---------------------------------|------------------------|---------------------------------|
| <b>P</b> | <b>PEREZ, RENE</b> | <b>230 NW 87TH AVE APT 1224</b> | <b>MIAMI, FL 33172</b> | <input type="checkbox"/>        |
| TITLE    | NAME               | STREET ADDRESS                  | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE    | NAME               | STREET ADDRESS                  | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE    | NAME               | STREET ADDRESS                  | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE    | NAME               | STREET ADDRESS                  | CITY-ST-ZIP            | <input type="checkbox"/> Delete |
| TITLE    | NAME               | STREET ADDRESS                  | CITY-ST-ZIP            | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 05/06/05-80048-011 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**       **DATE** \_\_\_\_\_      **Daytime Phone #** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR