

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000076191

**Entity Name:** TROPIX EXPRESS, INC.

**Current Principal Place of Business:**

5115 NW 17 TER  
HANGAR 39 B  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

5115 NW 17 TER  
HANGAR 39 B  
FORT LAUDERDALE, FL 33309

**FEI Number:** 65-0468588

**Certificate of Status Desired:** No

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

MURRAY, CASSANDRA M  
5115 NW 17 TER  
HANGAR 39 B  
FORT LAUDERDALE, FL 33309 US

*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

**Officer/Director Detail :**

Title           ST  
Name           BURROWS, MICHELLE YMRS  
Address        174 ROGBY DR TWYNAM HEIGHTS  
City-State-Zip: NASSAU BS 00000

Title           DST  
Name           MURRAY, CASSANDRA MMRS  
Address        1125 FAIRFAX LANE  
City-State-Zip: FT. LAUDERDALE FL 33326

Title           DP  
Name           KILCULLEN, BRIAN GMR  
Address        5115 NW 17 TER  
                  HANGAR 39 B  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           DVP  
Name           BURROWS, ALAN JMR  
Address        174 ROGBY DR TWYNAN HEIGHTS  
City-State-Zip: NASSAU BAHAMAS BS 00000

*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:** M. CASSANDRA MURRAY

DST

05/02/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date