

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000100149

**Entity Name:** TROPICAL JUICES & PAPER DISTRIBUTORS, INC.

**Current Principal Place of Business:**

3420 W. HALLENDALE BCH BLVD.  
PEMBROKE PARK, FL 33023

**Current Mailing Address:**

3420 W. HALLANDALE BCH BLVD.  
PEMBROKE PARK, FL 33023

**FEI Number:** 65-0878303

**Certificate of Status Desired:** No

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

MOSCOVITCH, AARON  
3420 W HALLANDALE BEACH BLVD  
PEMBROKE PARK, FL 33023 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	PD	Title	STD
Name	MOSCOVITCH, AARON	Name	MOSCOVITCH, STEVE
Address	3420 W HALLANDALE BEACH BLVD	Address	3420 W HALLANDALE BEACH BLVD
City-State-Zip:	PEMBROKE PARK FL 33023	City-State-Zip:	PEMBROKE PARK FL 33023

*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:** STEVE MOSCOVITCH

**PRES**

**03/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date