## 2007 FOR PROFIT CORPORATION

## Apr 17, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P02000054834** 04-17-2007 90044 005 \*\*\*150.00 1. Entity Name TROPICAL DEVELOPERS GROUP, INC. Principal Place of Business Mailing Address 1570 KENNEDY CAUSEWAY 5725 SW 77TH TERRACE NORTH BAY VILLAGE, FL 33141 S. MIAMI, FL 33143 No Chg-P CR2E034 (11/05) 04112007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1537628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAVLOFF, JORGE DO NOT WRITE 5725 SW 77TH TERRACE S. MIAMI, FL 33143 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE SAVLOFF, JORGE NAME STREET ADDRESS 5725 SW 77TH TERRACE CITY-ST-ZIP S. MIAMI, FL 33143 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 of 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: \_

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**