

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000034678

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: TROPICAIRE DEVELOPMENT, INC.

**Current Principal Place of Business:**

9769 S. DIXIE HWY  
SUITE 201  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9769 S. DIXIE HWY  
SUITE 201  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 65-0424284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MALE, MICHAEL H.  
3250 MARY ST STE 303  
MIAMI, FL 33133 US

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

MALE, MICHAEL H.  
3250 MARY ST  
SUITE 303  
MIAMI, FL 33133 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: \_\_\_\_\_ 03/23/2009  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICHARD W OGDEN,  
Address: 5590 SW 92 ST  
City-St-Zip: MIAMI, FL

Title: VS ( ) Delete  
Name: KRISTIN LEEDS,  
Address: 9769 S DIXIE HIGHWAY # 201  
City-St-Zip: MIAMI, FL 33156

Title: S ( ) Delete  
Name: MICHAEL H MALE,  
Address: 3250 MARY ST, SUITE 303  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD W OGDEN      PD      03/23/2009  
Electronic Signature of Signing Officer or Director      Date