


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 255203
 1. Entity Name
TROPICAIR APARTMENTS, INC.



Principal Place of Business
 2344 N E 12TH ST
 POMPANO BEACH, FL 33062

Mailing Address
 2344 N E 12TH ST
 POMPANO BEACH, FL 33062

DO NOT WRITE IN THIS SPACE



07142004 No Chg-P CR2E034 (10/03)

4. FC Number
59-1032763 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FRANCEM, EMMA
 2344 N.E. 12TH ST.
 POMPANO BEACH, FL 33062

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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 registering)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KAUFMAN, RICHARD 2344 NE 12TH ST #9 POMPANO BCH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BENSON, LINDA 2344 NE 12TH ST #12 POMPANO BCH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FRANCEM, EMMA 2344 NE 12TH ST #B POMPANO BEACH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP YACONETTI, ERNEST 2344 N.E. 12TH ST. #5 POMPANO BEACH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GALBRAITH, LAWRENCE 2344 NE 12TH ST #6 POMPANO BEACH, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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: *Emma Francem* **8-12-04-596 6774480**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #