




2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90313 033 ***150.00

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		
2. Principal Place of Business		3. Mailing Address		 04052005 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1032763				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FRANCEM, EMMA 2344 N.E. 12TH ST. POMPANO BEACH, FL 33062				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, RICHARD		NAME	Galbraith, Lawrence	
STREET ADDRESS	2344 NE 12TH ST #9		STREET ADDRESS	2344 NE 12 St #6	
CITY-ST-ZIP	POMPANO BCH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, LINDA		NAME	Linda Benson	
STREET ADDRESS	2344 NE 12TH ST #12		STREET ADDRESS	2344 NE 12th St #12	
CITY-ST-ZIP	POMPANO BCH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCEM, EMMA		NAME	Francem, Emma	
STREET ADDRESS	2344 NE 12TH ST #B		STREET ADDRESS	2344 NE 12th St #B	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YACONETTI, ERNEST		NAME	Gerachi, John	
STREET ADDRESS	2344 N.E. 12TH ST. #5		STREET ADDRESS	2344 NE 12 St #E	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALBRAITH, LAWRENCE		NAME	Grazia, Eugene	
STREET ADDRESS	2344 NE 12TH ST #6		STREET ADDRESS	2344 NE 12 St #10	
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP	Pompano Beach, FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Linda M Benson		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: April 6, 2005 941-789-1239		
			Daytime Phone #		