

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90072 030 ***158.75



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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
 Zip Country

4. FEI Number **59-1032763**
 Applied For
 Not Applicable

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

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

7. Name and Address of New Registered Agent
 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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALBRAITH, LAWRENCE 2344 NE 12 ST, #6 POMPANO BCH FL 33062 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENSON, LINDA 2344 NE 12TH ST #12 POMPANO BCH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANCEM, EMMA 2344 NE 12TH ST #B POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GERACHI, JOHN 2344 NE 12 ST, #E POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAZIA, EUGENE 2344 NE 12 STREET, #10 POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Diamond, Nora 2344 N.E. 12th St. #14 Pompano Beach, FL 33062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Benson, Linda 2344 N.E. 12th St. #12 Pompano Beach, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Francem, Emma 2344 N.E. 12th St. #B Pompano Beach, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gerachi, John 2344 N.E. 12th St. #E Pompano Beach, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Grazia, Eugene 2344 N.E. 12th St. #10 Pompano Beach, FL 33062 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 **Emma Francem** 02-06-06 954-94291554
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #