


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-06-2007 90004 040 ***150.00

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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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1032763 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRANCEM, EMMA 2344 N.E. 12TH ST. POMPANO BEACH FL 33062			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 <i>Emma Francem</i>		Signature, typed or printed name of registered agent and fee if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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		
TYPE	P	<input type="checkbox"/> Delete	TYPE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAMOND, NORA		NAME	<i>Chophaba Hakai</i>	
STREET ADDRESS	2344 NE 12TH ST 14		STREET ADDRESS	<i>2344 NE 12st Apt 8</i>	
CITY-STATE-ZIP	POMPANO BCH FL 33062		CITY-STATE-ZIP	<i>Pompano Beach, FL 33062</i>	
TYPE	S	<input checked="" type="checkbox"/> Delete	TYPE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENSON, LINDA		NAME		
STREET ADDRESS	2344 NE 12TH ST #12		STREET ADDRESS		
CITY-STATE-ZIP	POMPANO BCH FL 33062		CITY-STATE-ZIP		
TYPE	T	<input type="checkbox"/> Delete	TYPE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRANCEM, EMMA		NAME		
STREET ADDRESS	2344 NE 12TH ST #B		STREET ADDRESS		
CITY-STATE-ZIP	POMPANO BEACH FL 33062		CITY-STATE-ZIP		
TYPE	VP	<input type="checkbox"/> Delete	TYPE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GERACHI, JOHN		NAME		
STREET ADDRESS	2344 NE 12 ST, #E		STREET ADDRESS		
CITY-STATE-ZIP	POMPANO BEACH FL 33062		CITY-STATE-ZIP		
TYPE	VP	<input type="checkbox"/> Delete	TYPE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAZIA, EUGENE		NAME		
STREET ADDRESS	2344 NE 12 STREET, #10		STREET ADDRESS		
CITY-STATE-ZIP	POMPANO BEACH FL 33062		CITY-STATE-ZIP		
TYPE		<input type="checkbox"/> Delete	TYPE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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: <i>Emma Francem</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>3-16-07</i>	