

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90020 032 ***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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/07)

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 Apt. B	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 _____ DATE _____
Signature, typed or printed name of registered agent and date. (NOTE: Registered Agent signature required when submitting.)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIAMOND, NORA 2344 NE 12TH ST 14 POMPANO BCH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORMA DIEMOND <i>Nora G. Diemond</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete S HAKOI, CHOPHAKA 2344 NE 12 ST APT 8 POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S: VICTORIA PIERONI <i>Victoria Pieroni</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T FRANCEM, EMMA 2344 NE 12TH ST #B POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EMMA FRANCEM <i>Emma Francem</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VP GERACHI, JOHN 2344 NE 12 ST, #E POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSE CARPENTERO <i>Jose Carpintero</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP GRAZIA, EUGENE 2344 NE 12 STREET, #10 POMPANO BEACH FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Eugene Grazia</i> EUGENE GRAZIA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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* **2-18-08** 9549421554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #