

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005659

FILED  
Jul 11, 2005  
Secretary of State

**Entity Name:** TROPICAL COASTAL WOODWORK AND REMODELING COMPANY, INC.

**Current Principal Place of Business:**

21 BAJART PLACE  
YONKERS, NY 10705

**New Principal Place of Business:**

4245 CANBY DRIVE  
MELBOURNE, FL 32901

**Current Mailing Address:**

4245 CANBY DR  
MELBOURN, FL 32901

**New Mailing Address:**

2117 SOUTH BABCOCK STREETUITE  
SUITE #266  
MELBOURN, FL 32901

**FEI Number:** 30-0291486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIOTT, SEAN  
8238 NW 8 PL  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CP ( ) Delete  
Name: BURGHER, KHANI  
Address: 331 SOUTH 1ST AVE  
City-St-Zip: MT. VERNON, NY 10550

Title: VCVP ( ) Delete  
Name: GRIFFITHS, CLIVE  
Address: 21 BAJART PLACE  
City-St-Zip: YONKERS, NY 10705

Title: S ( ) Delete  
Name: GRIFFITHS, CLIVE  
Address: 21 BAJART PLACE  
City-St-Zip: YONKERS, NY 10705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CP (X) Change ( ) Addition  
Name: BURGHER, KHANI  
Address: 4245 CANBY DRIVE  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KHANI BURGHER

CP

07/11/2005

Electronic Signature of Signing Officer or Director

Date