## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 12, 2007 08:00 AM **Secretary of State DOCUMENT # F17408** TROPIC GARDEN INVESTMENTS, INC. Mailing Address Principal Place of Business 6925 S.W. 8 STREET 6925 S.W. 8 STREET MIAMI, FL 33144 MIAMI, FL 33144 No Chg-P CR2E034 (11/05) 02212007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2077430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEL REY, JULIO JR. DO NOT WRITE 6925 S.W. 8 STREET MIAMI, FL 33144 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE DEL REY, JULIO JR. NAME STREET ADDRESS 6925 S.W. 8 STREET MIAMI, FL 33144 CITY-ST-ZIP TITLE NAME U00000661715 03/20/07-80050-024 150.00 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS City-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 legat 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE

02/28/07

305·201 328

Daytime Phone #

**FILED**