

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M00345

FILED
Apr 11, 2005
Secretary of State

Entity Name: TROPICAL COMMUNICATIONS, INC.

Current Principal Place of Business:

7800 W 25 COURT
HIALEAH, FL 33016 US

New Principal Place of Business:

6937 NW 82ND AVE
MIAMI, FL 33166 US

Current Mailing Address:

7800 W 25 COURT
HIALEAH, FL 33016 US

New Mailing Address:

6937 NW 82ND AVE
MIAMI, FL 33166 US

FEI Number: 59-2405537

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEVIERNO, WILLIAM F.
14100 SW 31 STREET
DAVIE, FL 33330 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVIERNO, WILLIAM F.,
Address: 14100 SW 31 STREET
City-St-Zip: DAVIE, FL 33330

Title: S () Delete
Name: DEVIERNO, MARY A
Address: 14100 SW 31 STREET
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM F DEVIERNO

PRES

04/11/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date