

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M49694

FILED  
Jan 08, 2004  
Secretary of State

**Entity Name:** TROPICAL GARDENS, A.C.L.F. CORP.

**Current Principal Place of Business:**

18240 SW 110TH AVE  
MIAMI, FL 33157 US

**New Principal Place of Business:**

3830 SHIPPING AVE.  
MIAMI, FL 33146 US

**Current Mailing Address:**

3830 SHIPPING AVE.  
MIAMI, FL 33146

**New Mailing Address:**

**FEI Number:** 59-2796416      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FRAGA, ADELAIDA FERNANDEZ.  
1633 S.W. 100 AVE  
MIAMI, FL 33165 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:** SILVA, ROLANDO,  
**Address:** 6340 RIVIERA DRIVE  
**City-St-Zip:** CORAL GABLES, FL 33146

**Title:** STD      ( ) Delete  
**Name:** SILVA, IRENE FRAGA,  
**Address:** 6340 RIVIERA DRIVE  
**City-St-Zip:** CORAL GABLES, FL 33146

**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:** ROLANDO SILVA

PD

01/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date