FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05301

1. Entity Name: TROPICANA CONDOMINIUM III ASSOCIATION. INC.

W06-13024

FILED

06 MAY -4 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

& REINSTATEMENT 86-06

03/13/06 CR2E034B (8/05) 90091 012 #61.25

2. Principal Place of Business	3. Mailing Address
5404 W 22 ct	5404 W 22 ct
Suite, Apt. #, etc.: 2	Suite, Apt. #, etc.: 2
City & State: Hialeah Fl	City & State: Hialeah Fl
Zip: 33016 Country: MIAMI DADE	Zip: 33016 Country: MIAMI DADE

4. FEI Number: 650322369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RAFAELA M TORRES.

Street Address (P.O. Box Number is Not Acceptable): 5404 W 22 ct

City: HIALEAH Fl

FL Zip Code: 33016

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: Raetorres 4/22/06.
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended AR Is $61.25
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

TITLE	PTE
NAME	RAFAELA M TORRES
STREET ADDRESS	5404 W 22 CT HIALEAH FL 33016 APTO 2
CITY-ST-ZIP	
TITLE	U/PTE.
NAME	SANDRA CUE.
STREET ADDRESS	3408 W 22 CT APTO 3 HIALEAH
CITY-ST-ZIP	FL 33016.
TITLE	C/O. VENANCIO TORRES
NAME	5400 W 22 CT APTO 1
STREET ADDRESS	HIALEAH FL 33016.
CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Raetorres RAFAELA M TORRES 4/22/06. (305 8278387)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #