


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N36754</b> 1. Entity Name <b>TROPICAL POST CARD CLUB, INC.</b>	
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Principal Place of Business <b>POMPAÑO BEACH CIVIC CENTER 1801 NE 6 ST POMPAÑO BEACH, FL 33060</b>	Mailing Address <b>6880 SOUTHWEST 75TH TERRACE SOUTH MIAMI, FL 33143</b>
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01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0263144</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

**5. Name and Address of Current Registered Agent**

**MOORE, THOMAS G.  
6880 S.W. 75TH TERRACE  
SOUTH MIAMI, FL 33143**

**DO NOT WRITE  
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)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, THOMAS G. 6880 S.W. 75TH TERRACE SOUTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADIN, BENJAMIN C-2043 NEWCASTLE DRIVE BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, SYLVIA 1501 NE 191 STREET APT 302C MIAMI, FL 331794163
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUTT, SANDRA 210 NW 77TH WAY HOLLYWOOD, FL 330247053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000174328  
01/10/05-80005-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Thomas G. Moore* **Thomas G. Moore** 1/3/05 305-666-0219