


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000004621

1. Entity Name
TROPICAIRE REALTY, INC.



Principal Place of Business 10312 SW 134 PL MIAMI, FL 33186 US	Mailing Address 10312 S.W. 134 PL MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1119045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AQUILA, WILMA
10312 SW 134 PL
MIAMI, FL 33186

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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 _____ DATE _____

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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 CAIN, MICHAEL L 10312 S.W. 134 PL MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AQUILA, WILMA 10312 S.W. 134 PL MIAMI, FL
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04/26/05-R0013-012 150.00

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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 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: Wilma Aquila 4/20/05 305-408-6667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #