


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90211 021 ***550.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000004621					
1. Entity Name TROPICARE REALTY, INC.					
Principal Place of Business 9769 S. DIXIE HIGHWAY SUITE 201 MIAMI, FL 33156		Mailing Address 10012 SW 134 PL MIAMI, FL 33186			
2. Principal Place of Business		3. Mailing Address 10312 SW 134 PL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MIAMI		4. FEI Number 65-1119045	
Zip		Country FL		Applied For <input checked="" type="checkbox"/> Not Applicable	
		Zip 33186		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AQUILA, WILMA 10312 SW 134 PL MIAMI, FL 33186				Name Street Address (P.O. Box Number Is Not Acceptable) 10312 SW 134 PL City MIAMI FL Zip Code 33186	
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 <i>Wilma Aquila</i> Signature, typed or printed name of registered agent and title if applicable.				DATE 5/1/03 (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
CAIN, MICHAEL L 9200-123RD CR., #404 MIAMI, FL 331867195				10312 SW 134 PL MIAMI, FL 33186	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
AQUILA, WILMA 9200-123RD CR., #401 MIAMI, FL 331867195				10312 SW 134 PL MIAMI, FL	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Wilma Aquila</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 5/1/03 Daytime Phone # 305-408-6667	

CR2E034 (10/02)