

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025401

FILED
Apr 16, 2005
Secretary of State

Entity Name: THE TROPICAL APARTMENTS INVESTMENT GROUP, INC.

Current Principal Place of Business:

905 WEST PALM DRIVE
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

PO BOX 17501
PLANTATION, FL 33318

New Mailing Address:

FEI Number: 65-1055348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVILLA, MANUEL JR
905 W PALM DRIVE
FLORIDA CITY, FL 33034 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: DAVILA, MANUEL JR
Address: P.O. BOX 17501
City-St-Zip: PLANTATION, FL 33318

Title: VP () Delete
Name: DAVILA, GLADYS E
Address: PO BOX 17501
City-St-Zip: PLANTATION, FL 33318

Title: MS () Delete
Name: HAMILTON, DURANN D
Address: P.O. BOX 17501
City-St-Zip: PLANTATION, FL 33318

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: DAVILA, MANUEL JR
Address: P.O. BOX 17501
City-St-Zip: PLANTATION, FL 33318

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

Title: MS (X) Change () Addition
Name: DAVILA, DURANN
Address: P.O. BOX 17501
City-St-Zip: PLANTATION, FL 33318

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: MANUEL DAVILA JR.

PDT

04/16/2005

Electronic Signature of Signing Officer or Director

Date