
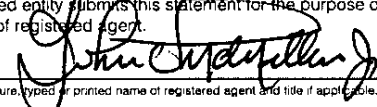
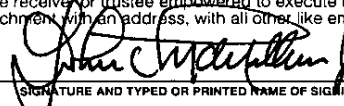


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90047 050 ***150.00

DOCUMENT # P00000034471					
1. Entity Name TORTUGA SOUTH INVESTMENTS, INC.					
Principal Place of Business 500 AUSTRALIAN AVE SUITE 400 WEST PALM BEACH, FL 33401 US			Mailing Address 500 AUSTRALIAN AVE SUITE 400 WEST PALM BEACH, FL 33401 US		
2. Principal Place of Business		3. Mailing Address 500 S AUSTRALIAN AVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 400			
City & State		City & State WEST PALM BEACH FL			
Zip	Country	Zip 33401	Country USA	03212005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCMILLAN, JOHN 500 AUSTRALIAN AVE SUITE 400 WEST PALM BEACH, FL 33401				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 3/21/05	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	DP MCMILLAN, JOHN 500 AUSTRALIAN AVE SUITE 400 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMILLAN, JENNIFER 500 AUSTRALIAN AVE SUITE 400 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		3/21/05		(SGI) 458-5285	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	