


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90022 030 ***150.00

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1. Entity Name
J.D.J. TROPICAL INVESTMENTS, INC.



Principal Place of Business
JOCELINE BIGRAS Joceline
 48 SW 12TH ST.
 DANIA, FL 33004

Mailing Address
JOCELINE BIGRAS Joceline
 48 SW 12TH ST.
 DANIA, FL 33004

54023171



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01272004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
65-1005078

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BIGRAS, JOCELINE
 48 SW 12TH ST.
 DANIA, FL 33004

7. Name and Address of New Registered Agent
 Name **Bigras Joceline**
 Street Address (P.O. Box Number is Not Acceptable)
48 SW 12th St
 City **Dania Beach FL** Zip Code **33004**

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 Joceline Bigras DATE 3/15/04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	<input type="checkbox"/>
NAME	BIGRAS, JOCELINE	
STREET ADDRESS	48 SW 12TH ST.	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	VP	<input type="checkbox"/>
NAME	RACICOT, JEAN PAUL	
STREET ADDRESS	48SW 12TH AT.	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	D	<input type="checkbox"/>
NAME	KEROACK, YVAN	
STREET ADDRESS	48 SW 12TH ST.	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	D	<input type="checkbox"/>
NAME	KEROACK, NATALIE	
STREET ADDRESS	48 SW 12TH ST.	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: Joceline Bigras Date _____ Day/line Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR