


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000047813 1. Entity Name J.D.J. TROPICAL INVESTMENTS, INC.	
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Principal Place of Business JOCELINE BIGRAS 48 SW 12TH ST. DANIA, FL 33004	Mailing Address JOCELINE BIGRAS 48 SW 12TH ST. DANIA, FL 33004
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03172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1005078	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

BIGRAS, JOCELINE
48 SW 12RH ST.
DANIA, FL 33004

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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	P BIGRAS, JOCELINE 48 SW 12TH ST. DANIA, FL 33004
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACICOT, JEAN PAUL 48SW 12TH AT. DANIA, FL 33004
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEROACK, YVAN 48 SW 12TH ST. DANIA, FL 33004
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEROACK, NATALIE 48 SW 12TH ST. DANIA, FL 33004
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/27/05-80104-002 150.00

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-05 954483-9930