


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000047813

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



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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DO NOT WRITE IN THIS SPACE

04172006 No Chg-P CR2E034 (11/05)

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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000534914 05/08/06-80031-019 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIGRAS, JOCELINE 48 SW 12TH ST. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACICOT, JEAN PAUL 48SW 12TH AT. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEROACK, YVAN 48 SW 12TH ST. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEROACK, NATALIE 48 SW 12TH ST. DANIA, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 proprietor 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: Joeline Bigras 4-24-06 954-483-9930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #