


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90084 043 \*\*\*150.00

**DOCUMENT # P00000047813**

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**

2. Principal Place of Business - No P.O. Box #  
**10486 SW 53 TER**

3. Mailing Address  
**10486 SW 53 TER**

Suite, Apt. #, etc.  
 Suite, Apt. #, etc.


City & State  
**BUSHNELL, FL**

City & State  
**BUSHNELL, FL**

Zip  
**33513**

Country  
 Country

**40100382**



04132007 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-1005078**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**10486 SW 53 TER**  
 City **BUSHNELL** **FL** Zip Code **33513**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGRAS, JOCELINE	
STREET ADDRESS	10486 SW 53 TER	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RACICOT, JEAN PAUL	
STREET ADDRESS	10486 SW 53 TER	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEROAK, YVAN	
STREET ADDRESS	10486 SW 53 TER	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEROAK, NATALIE	
STREET ADDRESS	10486 SW 53 TER	
CITY-ST-ZIP	BUSHNELL, FL 33513	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:** Joeline Bigras **4-25-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #