2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047813

Title:

Name:

Address:

City-St-Zip:

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

(X) Delete

KEROACK, NATALIE

BUSHNELL, FL 33513

10486 SW 53 TER

FILED Apr 23, 2009 Secretary of State

The state of the s						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
10458 SW 53 TER BUSHNELL, FL 33513				10486 SW 53 TER BUSHNELL, FL 33513		
Current Mailing Address:			New Maili	New Mailing Address:		
10458 SW 53 TER BUSHNELL, FL 33513				10486 SW 53 TER BUSHNELL, FL 33513		
FEI Number:	65-1005078	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BIGRAS, JO 10486 SW ! BUSHNELL		US				
The above in the State		ubmits this statement for the pu	rpose of changing i	ts registered o	office or registered agent, or both,	
SIGNATUR						
		Signature of Registered Agen	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () [BIGRAS, JOCEL 10486 SW 53 TE BUSHNELL, FL	R	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ()[RACICOT, JEAN 10486 SW 53 TE BUSHNELL, FL	RR	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I KEROACK, YVAI 10486 SW 53 TE BUSHNELL, FL	R	Title: Name: Address: City-St-Zip:	D (X KEROACK, NA 10486 SW 53 BUSHNELL, FL	TERRACE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOCELINE BIGRAS P 04/23/2009

() Change () Addition