FILED Apr 30, 2004 8:00 am Secretary of State

2004 F	UK FRUFII	CORPORAL	
	ANNUAL	REPORT	
	AITITOAL	IVE: OIV!	
			

1. Entity Nam	CUMENT # P0000055453 ty Name NWOOD TROPICAL ESTATE, INC.				04-30-	2004 90216 (035 ***150	0.00	
C/O ALLEN & 601 BRICKEL MIAMI, FL 33	ELL KEY DRIVE, SUITE 805 601 BRICKELL KEY DRIVE		VE, SUITE 805						
		c/o Kobert	Allen Lan	/		11// 11// 12/0/ 2//4/ /			
Suite 1014		Suite, Apt. #, etc.	Suite 1014_		92004 Chg-P	CR2E	034 (10/03)		
City & State	di th	City & State WAHI, F			El Number 35-1014937		No	plied For t Applicable	
Zin 3313	Country	33131	Country	5. C	Certificate of Status De	esired	\$8.75 Add Fee Required		
ALLEN & C	o. Name and Address of Current P	tegistered Agent	Name Street A	Robe	ame and Address of TALLEN ox Number is Not Acc KCII AVC.	Law			
	SUITE 805 MIAMI, FL 33131		1	ivite 1					
	$\sqrt{2}$		City	Miami		FL	Zio Code	31	
8. The above the obligation	named entity submits this statement for ions of registered agent	the purpose of changing its	registered office or		ent, or both, in the Sta	te of Florida. I am	familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent as	d title if applicable. (NOTE	Robert A	L. Allon ure required when rei		ENT 4-	29-04		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Contr		\$5.00 M Added to F					
10.	OFFICERS AND D	DIRECTORS Delete	11.	PSD ADI	DITIONS/CHANGES	TO OFFICERS AN	ID DIRECTORS Change	S IN 11	
NAME	RIVA, JAVIER M		NAME	RIVA, YAV			₩] Change	Modition .	
STREET ADDRESS CITY - ST - ZIP	601 BRICKELL KEY DRIVE # 805 MIAMI, FL 33131	,	STREET ADDRESS CITY-ST-ZIP	HIAHI, F	CKELL AVE., SI FL 33131	P101 47K	,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGALADO, BLANCA G 601 BRICKELL KEY DRIVE # 805 MIAMI, FL 33131	™ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REGALAS	PO, BLANCA (Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, ROBERT N JR 601 BRICKELL KEY DRIVE STE MIAMI, FL 33131	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SS ALLEN, RO	BERT N. JR KELL AVE., SC	NTE 4014	Change Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME	,-			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			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 eport is the 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.									
SIGNAT	URE:	UNTED MAME OF SIGNING OFFICER	Koher N	. Allen	Jr. 4-29	-04 305	- 3723	300	