


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90180 037 \*\*\*150.00

<b>DOCUMENT # P00000061132</b>		
1. Entity Name TCE PROPERTY MANAGEMENT, INC.		

Principal Place of Business C/O SILVER & GARVEY, P.A. 1110 BRICKELL AVE PH ONE MIAMI, FL 33131	Mailing Address C/O SILVER & GARVEY, P.A. 1110 BRICKELL AVE PH ONE MIAMI, FL 33131
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**50048114**



2. Principal Place of Business 6340 SUNSET BL. Suite, Apt # etc	3. Mailing Address 6340 SUNSET BL. Suite, Apt # etc
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02042005 Chg-P CR2E034 (10/03)


City & State Miami, Florida	City & State MIAMI FL.
Zip 33143	Country USA
Country USA	Zip 33143

4. FEI Number 65-1022956	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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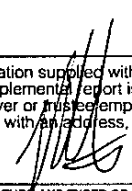
6. Name and Address of Current Registered Agent SILVER, SCOTT A 1110 BRICKELL AVE PH ONE MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name: Ronald R. Fieldstone Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE #601 City: MIAMI FL Zip Code: 33134	
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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: 4/28/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERIZO, TOM 1110 BRICKELL AVE PH ONE MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NEW SECRETARY Fieldstone, Ronald 201 ALHAMBRA CIRCLE, Ste 601 CORAL GABLES, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE: 4/28/05 DAYTIME PHONE #: 305 357 1001