

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060940

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: TROPIC MOON GROVE, INC.

## Current Principal Place of Business:

22000 SW 202 AVE  
MIAMI, FL 33170

## New Principal Place of Business:

## Current Mailing Address:

22000 SW 202 AVE  
MIAMI, FL 33170

## New Mailing Address:

FEI Number: 65-1116196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHAMBERLIN, SUSAN R  
22000 SW 202 AVE  
MIAMI, FL 33170

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHAMBERLIN, VICTOR  
Address: 22000 SW 202 AVE  
City-St-Zip: MIAMI, FL 33170

Title: PD ( ) Delete  
Name: CHAMBERLIN, SUE  
Address: 22000 SW 202 AVE  
City-St-Zip: MIAMI, FL 33170

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: GUTIERREZ, VICTOR  
Address: 22000 SW 202 AVE  
City-St-Zip: MIAMI, FL 33170

Title: PD (X) Change ( ) Addition  
Name: CHAMBERLIN, SUSAN  
Address: 22000 SW 202 AVE  
City-St-Zip: MIAMI, FL 33170

Title: PD ( ) Change (X) Addition  
Name: CHAMBERLIN, LAURA H  
Address: 13851 SW 232 STREET  
City-St-Zip: MIAMI, FL 33170

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SUSAN CHAMBERLIN

PD

04/23/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date