


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000105975 1. Entity Name TROPICAL PALM GARDENS, INC.	
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Principal Place of Business 9440 S.W. 120TH STREET MIAMI, FL 33176	Mailing Address 9440 S.W. 120TH STREET MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)


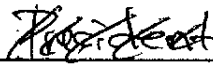

4. FEI Number 37-1438424	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MCKERNAN, TIMOTHY S
9440 S.W. 120TH STREET
MIAMI, FL 33176

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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   

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

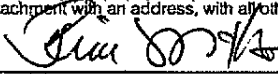
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKERNAN, TIMOTHY 9440 SW 120 ST MIAMI, FL 33176
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01/29/05-80031-002 150.00

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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:  President + 1/6/05 305 951 2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #