

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120073

FILED
May 26, 2004
Secretary of State

Entity Name: TROPICAL TOUCH GARDENS CENTER, INC.

Current Principal Place of Business:

6951 SW 85TH WAY
FORT LAUDERDALE, FL 33332

New Principal Place of Business:

6951 SW 185TH WAY
FORT LAUDERDALE, FL 33332 US

Current Mailing Address:

6951 SW 85TH WAY
FORT LAUDERDALE, FL 33332

New Mailing Address:

6951 SW 185TH WAY
FORT LAUDERDALE, FL 33332 US

FEI Number: 48-1284385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, BERTA C
6395 SW 13TH COURT
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

ALVAREZ, BERTA C
6395 SW 136TH COURT
K-105
MIAMI, FL 33183 US

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

05/26/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALVAREZ, BERTA C
Address: 6395 SW 136TH COURT
City-St-Zip: MIAMI, FL 33183

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALVAREZ, BERTA C
Address: 6395 SW 136TH COURT K-105
City-St-Zip: MIAMI, FL 33183 US

Title: V () Change (X) Addition
Name: ADLER, MARIO
Address: 6951 SW 185TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33332 US

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: BERTA C ALVAREZ

PD

05/26/2004

Electronic Signature of Signing Officer or Director

Date