

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 21, 2004 8:00 am**  
**Secretary of State**

01-21-2004 90007 014 \*\*\*150.00

**DOCUMENT # P03000069539**

1. Entity Name  
**TROPICANA ARCADE, INC.**



Principal Place of Business  
**2601 S COURSE DR  
 POMPAÑO BEACH, FL 33069**

Mailing Address  
**2601 S COURSE DR  
 POMPAÑO BEACH, FL 33069**

2. Principal Place of Business  
**1280 POWERLINE RD**

3. Mailing Address  
**3300 N 29 AVENUE**

Suite, Apt. #, etc.  
**10**

Suite, Apt. #, etc.  
**102**

City & State  
**POMPAÑO BEACH FL**

City & State  
**HOLLYWOOD FL**

Zip  
**33069**

Country  
**USA**

Zip  
**33020**

Country  
**USA**

01172004 Chg-P CR2E034 (10/03)

4. FEI Number  
**41-2099301**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FLEISCHER, PAUL**  
**2601 S COURSE DR**  
**POMPAÑO BEACH, FL 33069**

**7. Name and Address of New Registered Agent**

Name  
**GARY HACKER**

Street Address (P.O. Box Number is Not Acceptable)  
**3300 N 29 AVENUE STE 102**

City  
**HOLLYWOOD**

State  
**FL**

Zip Code  
**33020**

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 *Gary Hacker* **GARY HACKER** DATE **1/17/04**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FLEISCHER, LORRAINE</b> <b>2601 S COURSE DR</b> <b>POMPAÑO BEACH, FL 33069</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLS, SHERRY</b> <b>5901 CAMINO DEL SOL</b> <b>BOCA RATON, FL 33434</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, Treasurer, Director</b> <b>BRUCE HACKER</b> <b>1280 POWERLINE ROAD STE 10</b> <b>POMPAÑO BEACH FL 33069</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 an other like empowered.

SIGNATURE: *Bruce Hacker* **BRUCE HACKER, PRESIDENT** DATE **1/17/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #