


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 <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 | 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** 1/17/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLEISCHER, LORRAINE <input checked="" type="checkbox"/> Delete 2601 S COURSE DR POMPAÑO BEACH, FL 33069 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MILLS, SHERRY <input type="checkbox"/> Delete 5901 CAMINO DEL SOL BOCA RATON, FL 33434 |
| 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 | President, Treasurer, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRUCE HACKER 1280 POWERLINE ROAD STE 10 POMPAÑO BEACH FL 33069 |
| 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 |
| 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** 1/17/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #