

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000001493

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: TROPICAL OASIS RESTAURANT, INC.

## Current Principal Place of Business:

9015 PINES BLVD.  
UNIT B  
PEMBROKE PINES, FL 33434

## New Principal Place of Business:

## Current Mailing Address:

6225 S.W. 32ND STREET  
MIRAMAR, FL 33023

## New Mailing Address:

19543 S.W. 42ND COURT  
MIRAMAR, FL 33029

FEI Number: 20-0556235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ESCOFFERY, MARIE  
6225 S.W. 32ND STREET  
MIRAMAR, FL 33023 US

## Name and Address of New Registered Agent:

ESCOFFERY, MARIE  
19543 S.W. 42ND COURT  
MIRAMAR, FL 33029 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: MARIE ESCOFFERY

02/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ESCOFFERY, MARIE  
Address: 6225 S.W. 32ND STREET  
City-St-Zip: MIRAMAR, FL 33023

Title: S (X) Delete  
Name: ESCOFFERY, MARIE  
Address: 6225 S.W. 32ND STREET  
City-St-Zip: MIRAMAR, FL 33023

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: ESCOFFERY, MARIE  
Address: 19543 S.W. 42ND COURT  
City-St-Zip: MIRAMAR, FL 33029

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIE ESCOFFERY

PS

02/14/2005

Electronic Signature of Signing Officer or Director

Date