

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095075

FILED
Apr 29, 2006
Secretary of State

Entity Name: TROPICAL EXTRAVAGENZA INC.

Current Principal Place of Business:

18751 WEST DIXIE HWAY
SUITE #287
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18751 WEST DIXIE HWAY
SUITE #287
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 20-3105849 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAJOR, MAGUY
3093 NW 95TH AVE.
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

MCFARLANE, RACHEL
4915 NW MANVILLE DR.
PORT ST. LUCIE, FL 34983 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: RACHEL MCFARLANE

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DALEY, HULYA
Address: 6051 PALM TRACE LANDING
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: MAJOR, MAGUY
Address: 3093 NW 95TH AVE.
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TRES () Delete
Name: MCFARLANE, RACHEL
Address: 4915 NW MANVILLE DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MCFARLANE, RACHEL
Address: 4915 NW MANVILLE DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

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 Chapter 119, 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: HULYA DALEY

PRES

04/29/2006

Electronic Signature of Signing Officer or Director

Date