# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P93000008374**

1. Entity Name
SOUTHERN TROPICAL ELECTRIC, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 273 N.W. 163RD ST.<br>N. MIAMI BEACH, FL  33162   US | 273 N.E. 163RD ST.<br>N.MIAMI BEACH, FL  33162   US |

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01042005     No Chg-P     CR2E034 (10/03)

| 4. FEI Number | | Applied For |
|---|---|---|
| 65-0386279 | | Not Applicable |

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

6. Name and Address of Current Registered Agent

CEDRIC DWYER
273 N.E. 163 STREET
N. MIAMI BEACH, FL  33162

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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 _CEDRIC DWYER_
Signature, typed or printed name of registered agent and title if applicable.       (NOTE  Registered Agent signature required when reinstating)      1/4/05  DATE

**FILE NOW!!!  FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

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

10.                    OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | DWYER, CEDRIC |
| STREET ADDRESS | 273 NE 163 ST |
| CITY-ST-ZIP | N MIAMI BEACH, FL  33162 |
| TITLE | STD |
| NAME | DWYER, JOAN |
| STREET ADDRESS | 273 NE 163 STREET |
| CITY-ST-ZIP | NORTH MIAMI, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 all other like empowered.

SIGNATURE: _____ CEDRIC DWYER  1/4/05  305 546 7584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR       Date       Daytime Phone #