


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000044187
1. Entity Name
TROPIC CAY MERRIMAC BEACH HOTEL INC.



Principal Place of Business 529 N ATLANTIC BLVD FT. LAUDERDALE, FL 33304	Mailing Address 529 N ATLANTIC BLVD FT. LAUDERDALE, FL 33304
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01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0499120	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Due	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOTWANI, NITIN
2400 E LAS OLAS BLVD
#324
FT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (100% Registered Agent signature required when reinstating)

000000617530
02/07/07-80079-002 150.00

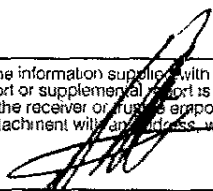
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOTWANI, RAMOLA 2400 E LAS OLAS BLVD, #324 FT LAUDERDALE, FL 33301
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  1/25/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #