


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000018389**  
 1. Entity Name  
**TROPICAIRE PONCE, INC.**



Principal Place of Business 9769 SOUTH DIXIE HIGHWAY SUITE 103 MIAMI, FL 33156	Mailing Address 9769 SOUTH DIXIE HIGHWAY SUITE 103 MIAMI, FL 33156
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0667239</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MALE, MICHAEL H**  
**3250 MARY STREET**  
**SUITE 303**  
**MIAMI, FL 33133**

**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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000120006 04/19/04-80119-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OGDEN, RICHARD W 5590 SW 92 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL, N M 3250 MARY ST STE 303 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGDEN, ANDREW J 4036 EL PRADO BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGDEN, KRISTIN D 5590 SW 92 STREET CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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:** *Richard W. Ogden* **RICHARD W. OGDEN** **PRESIDENT** **4/14/04** **305-663-5860**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #