

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018389

Entity Name: TROPICAIRE PONCE, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

9769 SOUTH DIXIE HIGHWAY  
SUITE 103  
MIAMI, FL 33156

## New Principal Place of Business:

## Current Mailing Address:

9769 SOUTH DIXIE HIGHWAY  
SUITE 103  
MIAMI, FL 33156

## New Mailing Address:

FEI Number: 65-0667239      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: OGDEN, RICHARD W  
Address: 5590 SW 92 ST  
City-St-Zip: MIAMI, FL

Title: S (X) Delete  
Name: MICHAEL, N M  
Address: 3250 MARY ST STE 303  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: OGDEN, ANDREW J  
Address: 4036 EL PRADO BLVD  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: OGDEN, KRISTIN D  
Address: 5590 SW 92 STREET  
City-St-Zip: CORAL GABLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: OGDEN, ANDREW J  
Address: 4036 EL PRADO BLVD  
City-St-Zip: MIAMI, FL 33133

Title: S (X) Change ( ) Addition  
Name: LEEDS, KRISTIN O  
Address: 5590 SW 92 STREET  
City-St-Zip: CORAL GABLES, FL 33156

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: RICHARD W. OGDEN

PD

04/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date