


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2005 8:00 am
Secretary of State

02-07-2005 90098 008 ***125.00
03-10-2005 90150 047 ****25.00

DOCUMENT # P96000044921					
1. Entity Name TROPICAL PROPERTY HOLDINGS, INC.					
Principal Place of Business 10521 S.W. 184TH TERRACE MIAMI, FL 33157			Mailing Address 9610 BAHAMA DR MIAMI, FL 33189		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #: etc.			Suite, Apt. #: etc.		
City & State			City & State		
Zip		Country	Zip		Country
01182005			Chg-P		CR2E034 (10/03)
4. FEI Number 65-0676066				Applied For <input type="checkbox"/> Not Applicable	
6. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KELLER, L C 9610 BAHAMA DR MIAMI, FL 33189			Name <u>C. M. Keller</u> Street Address (P.O. Box Number is Not Acceptable) <u>9610 Bahama Drive</u> <u>Miami</u> City <u>FL</u> Zip Code <u>33189</u>		
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 <u>C. M. Keller</u>			DATE <u>2-1-05</u>		(NOTE: Registered Agent signature required when resigning)
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLER, LAWRENCE	NAME			
STREET ADDRESS	9610 BAHAMA DR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33189	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLER, CATHERINE M	NAME			
STREET ADDRESS	9610 BAHAMA DR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33189	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERTELETTI, ROBERT	NAME			
STREET ADDRESS	9610 BAHAMA DR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33189	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 807, 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: <u>C. M. Keller</u>			DATE: <u>2-1-05</u>		PHONE: <u>305-253-3984</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		DAYTIME PHONE #