

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010953

FILED
May 08, 2005
Secretary of State

Entity Name: TROPIC CONSULTING ENTERPRISES, INC.

Current Principal Place of Business:

583 PONDETTA RD
G
FORT MYERS, FL 33903

Current Mailing Address:

583 PONDETTA RD
G
FORT MYERS, FL 33903

New Principal Place of Business:

1417 DEL PRADO BLVD S
#196
CAPE CORAL, FL 33990

New Mailing Address:

1417 DEL PRADO BLVD S
#196
CAPE CORAL, FL 33990

FEI Number: 65-0810068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFAELE, MARTHA
4611 SOUTH UNIVERSITY DRIVE #145
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

RAFFAELE, MARTHA
1417 DEL PRADO BLVD S #196
CAPE CORAL, FL 33990 US

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:

05/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAFFAELE, MARTHA
Address: 4611 SOUTH UNIVERSITY DRIVE #145
City-St-Zip: DAVIE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RAFFAELE, MARTHA
Address: 1417 DEL PRADO BLVD S #196
City-St-Zip: CAPE CORAL, FL 33990

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: MARTHA RAFFAELE

PD

05/08/2005

Electronic Signature of Signing Officer or Director

Date