## **2004 FOR PROFIT CORPORATION**

## FILED Jun 09, 2004 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P98000089733 06-09-2004 90001 035 \*\*\*150.00 TROPICAL BEACH PROPERTIES, INC. Principal Place of Business -Mailing Address 601 BROYELL KEYDRIVE 601 BROKELL KEYDAVE 44040040 SUTE 805 SUTE 805 MAM, FL 33131 MAM, FL 33131 2. Principal Place of Business 3. Mailing Address Brickell Brickel 05182004 CR2E034 (10/03) Chg-P 1014 City & State Çityı& State 4. FEI Number Applied For 65-0871108 Not Applicable a Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ALLEN & GALEGO** Box Number is Not Acceptable) Street Address (F 601 BRICKELL KEY DRIVE **SUITE 805** MIAMI, FL 33131 10 IU City 8. The above named ontity 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 obligation of registered agent. Allen SIGNATURE ire, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSD** Delete P5D Change Change TITLE ☐ Addition Cepeda, Gerardu CEPEDA, GERARDO G NAME NAME Ave #1014 STREET ADDRESS 601 BRICKNELL KEY DR #805 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition ALLEN, ROBERT N JR NAME Allen, NAME 601 BRICKNELL KEY DR #805 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TIT) F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 of 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 of 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. obert N. Alten SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR