

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000095482

FILED
Apr 09, 2004
Secretary of State

Entity Name: TROPICAL ISLAND ENTERPRISES, INC.

Current Principal Place of Business:

28 S. EXUMA RD.
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

PO BOX 2446
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0957910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASTWOOD MANAGEMENT INC
28 S. EXUMA RD.
KEY LARGO, FL 33037 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: D () Delete
Name: VAUDIN, PAUL E
Address: 2665 S BAYSHORE DR #703
City-St-Zip: MIAMI, FL 33133

Title: PS () Delete
Name: YATES, DEBORAH S
Address: 2665 S BAYSHORE DR #703
City-St-Zip: MIAMI, FL 33133

Title: PSD () Delete
Name: YATES, DEBORAH S
Address: 2665 S. BAY SHORE DR., #703
City-St-Zip: MIAMI, FL 33033

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D () Change (X) Addition
Name: YATES, SARAH T
Address: 1309 NW 1ST AVE
City-St-Zip: HOMESTEAD, FL 33030 US

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: DEBORAH S. YATES

PS

04/09/2004

Electronic Signature of Signing Officer or Director

_____ Date