


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90042 001 ***317.50

DOCUMENT # S26880	
1. Entity Name TROPIC REALTY OF FLORIDA INC.	

Principal Place of Business 2751 NE 16TH STREET HOME POMPANO BEACH FL 33062	Mailing Address 2751 NE 16TH STREET HOME POMPANO BEACH FL 33062
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2. Principal Place of Business 2641 EAST ATLANTIC BLVD #303	3. Mailing Address 2751 N.E. 16 STREET
Suite, Apt. #, etc. 303	Suite, Apt. #, etc. 303

City & State Pompano Beach, Florida	City & State Pompano Beach, Florida
Zip 33062	Zip 33062
Country Broward	Country Broward



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent EISENBERG, LOUIS 2751 NE 16 STREET POMPANO BEACH FL 33062	
7. Name and Address of New Registered Agent Name Louis Eisenberg Street Address (P.O. Box Number is Not Acceptable) 2751 NE 16 ST City Pompano Beach, FL Zip Code 33062	

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 Lou Eisenberg Signature, typed or printed name of registered agent and title if applicable.	DATE JAN 25 2004 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete EISENBERG, LOUIS 2751 N.E. 16TH STREET POMPANO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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.	
SIGNATURE: Lou Eisenberg SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE JAN 25 2004 DAYTIME PHONE # 954-7817745