

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V69453

FILED
Mar 24, 2004
Secretary of State

Entity Name: TROPICANA VILLAGE DEVELOPMENT CORP.

Current Principal Place of Business:

1498 W 84TH ST
HIALEAH, FL 33014 US

New Principal Place of Business:

840 N.E. 20TH AVENUE
FORT LAUDERDALE,, FL 33304 US

Current Mailing Address:

1498 W 84TH ST
HIALEAH, FL 33014 US

New Mailing Address:

840 N. E. 20TH AVENUE
FORT LAUDERDALE,, FL 33304 US

FEI Number: 65-0394270

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE ANN LOVELL
1498 WEST 84TH STREET
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

ROSE ANN LOVELL
840 N. E. 20TH AVENUE
FORT LAUDERDALE,, FL 33304 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: ROSE ANN LOVELL

03/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LOVELL, R A,
Address: 1498 W 84TH STREET
City-St-Zip: HIALEAH, FL 33014

Title: STD () Delete
Name: LOVELL, H B,
Address: 1498 W 84TH STREET
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOVELL, R A,
Address: 840 N.E. 20TH AVENUE
City-St-Zip: FORT LAUDERDALE,, FL 33304

Title: STD (X) Change () Addition
Name: LOVELL, H B,
Address: 840 N.E. 20TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: RA LOVELL

PD

03/24/2004

Electronic Signature of Signing Officer or Director

Date