


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # V70389 1. Entity Name T.S.M. TROPICAL SERVICE MANAGEMENT, INC.	
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Principal Place of Business 12055 CLASSIC DRIVE CORAL SPRINGS, FL 33071 US	Mailing Address C/O BLAKESBERG CO 951 S W 4TH AVE BOCA RATON, FL 33432 US
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DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0362450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAKESBERG, JON D
951 SW 4TH AVENUE
BOCA RATON, FL 33432

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000880927 04/15/08-80081-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIEGEL, LAUREN 12055 CLASSIC DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIEGEL, LAUREN 12055 CLASSIC DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAUFMAN, GREGORY 15049 TALL OAK AVE DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #