


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F36549</b>		
1. Entity Name <b>AL'S TROPICAL CARS &amp; TRUCKS, INC.</b>		
Principal Place of Business <b>9937 NW 27 AVE MIAMI, FL 33147 US</b>	Mailing Address <b>8549 VIA BRILLANTE WELLINGTON, FL 33411</b>	



**DO NOT WRITE IN THIS SPACE**

03212005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2101836</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KAMINS, ALAN J  
8549 VIA BRILLANTE  
WELLINGTON, FL 33411**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAMINS, HANNELORE 8549 VIA BRILLANTE WELLINGTON, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAMINS, ALAN J 8549 VIA BRILLANTE WELLINGTON, FL 33411
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03/30/05-80012-017 150.00

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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:**  **3-28-05** **561-333-1331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #