

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # J23901**

1. Entity Name  
**TROPICAL LANDSCAPE & LAWN SERVICE, INC.**



Principal Place of Business

% JORGE L. VIZCAINO  
1840 SW 67TH AVE  
MIAMI, FL 33155

Mailing Address

1840 SW 67TH AVE  
MIAMI, FL 33155



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2703334

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DEL RIO, JOSE  
18881 SW 29TH CRT  
HOLLYWOOD, FL 33029

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000521158

05/02/06-80125-004 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PT  
NAME DEL RIO, JOSE  
STREET ADDRESS 18881 SW 29TH CRT  
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE D  
NAME DEL RIO, BEATRIZ  
STREET ADDRESS 18881 SW 29TH CRT  
CITY-ST-ZIP MIRAMAR, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSE DEL RIO (PRES)**

Date

**4-13-06**

Daytime Phone #

**(954) 538-1885**