

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 22, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P01000030735**

1. Entity Name  
TROPICAL REFINISHING INC.



Principal Place of Business

13402 NW 10 STREET  
SUNRISE, FL 33323

Mailing Address

13402 NW 10 STREET  
SUNRISE, FL 33323



03202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1120259

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BREMSE, WARREN G  
13402 NW 10 STREET  
SUNRISE, FL 33323

**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)

DATE

**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 DPT  
NAME BREMSE, WARREN G  
STREET ADDRESS 13402 NW 10 STREET  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE DS  
NAME BREMSE, BETTY  
STREET ADDRESS 13402 NW 10 STREET  
CITY-ST-ZIP SUNRISE, FL 33323

TITLE DV  
NAME COLEMAN, MICHAEL  
STREET ADDRESS 20822 NW 14TH CT  
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UN00000476526  
04/06/06-80013-013 150.00

**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

Date

Daytime Phone #