2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90372 028 ***150.00

DOCUMENT # P02000015462 1. Entity Name TROPICALE CAR WASH, INC.					04-17-2006	90372 028 ***1	50.00	
Principal Place 11251 1315 LARGO, FL	IT ST. N.	Mailing Address 11251 131ST ST. N. LARGO, FL 33774	-					
2. Principal P	lace of Business . 51 Vonn Rd.	3. Mailing Address 1 25 VC Suite, Apr. #, etc.	onn Rd.	•			91661 H (66)	
City & Stat	θ	City & State	<u></u>	03232006 4. FEI Number	Chg-P	CR2E034 (11/05)	pplied For	
Zip	Country	Zipanou	Country	75-30132 5. Certificate of		\$8.75 Add	ot Applicable ditional	
7 5 57	6. Name and Address of Current	Registered Agent			ddress of New Re	Fee Require	id	
POREDTO	CARL C ESO		Name			<u> </u>		
ROBERTS, CARL G ESQ 6570-30TH AVE. N. ST. PETERSBURG, FL 33710			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	,							
			City			FL Zip Cod		
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its reg	gistered office or reg	gistered agent, or both,	in the State of Flori	ida. I am familiar with,	and accept	
SIGNATURE.								
	Signature, typed or printed name of registered agent a	Ind true of applicable. (NOTE: Hey	igistered Agent signature rei	iquired when reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND		11.	ADDITIONS/C	ANGES TO OFFIC	CERS AND DIRECTOR	S IN 11	
TITLE NAME	P SHAUGHNESSY, BRIAN	Delete	THTLE	.م. ا هم	R	© Change	. Daddiina	
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reflectly certify that the information supplied with this lifting does not quality 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 MANE OF SIGNING OFFICE AND DIRECTOR

4-12-06 727 595-5267