

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000046720

1. Entity Name
TROPICAL CONTRACTORS, INC.



FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90371 010 ***150.00

Principal Place of Business
9950 NW 77ND AVENUE
HIALEH GARDENS, FL 33016

Mailing Address
9950 NW 77ND AVENUE
HIALEH GARDENS, FL 33016



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0697590	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

HAGEN, MAX M
~~9950 NW 77ND AVENUE~~
~~HIALEH GARDENS, FL 33016~~
3531 GRIFFIN RD.
FT LAUDERDALE, FL 33312

**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 NAME STREET ADDRESS CITY - ST - ZIP	PS SUAREZ, JUAN 9950 NW 77ND AVENUE HIALEH GARDENS, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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

JUAN A. SUAREZ

Date

Daytime Phone #

4/11/06 *305 828 2360*