

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90325 020 \*\*\*150.00

DOCUMENT # P02000053206	
1. Entity Name TROPICAL GARDENS SERVICES, INC.	



Principal Place of Business 14919 SW 80 STREET 220 MIAMI, FL 33193	Mailing Address 14919 SW 80 STREET 220 MIAMI, FL 33193
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30037681

2. Principal Place of Business 5951 SW 157 PL	3. Mailing Address 5951 SW 157 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04062005 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL
Zip 33193	Zip 33193
Country USA	Country USA

4. FEI Number 82-0545519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
CUESTA, ROBERTO 14919 SW 80 STREET 220 MIAMI, FL 33193	

7. Name and Address of New Registered Agent	
Name CUESTA, ROBERTO	
Street Address (P.O. Box Number is Not Acceptable) 5951 SW 157 PL	
City Miami	FL Zip Code 33193

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUESTA, ROBERTO <input type="checkbox"/> Delete 14919 SW 80TH STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUESTA, BARBARA <input type="checkbox"/> Delete 14919 SW 80TH STREET MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUESTA, ROBERTO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5951 SW 157 PL Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUESTA, BARBARA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5951 SW 157 PL Miami, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Barbara Cuesta 4/6/05 305-318-7157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #