## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000053206 03-16-2006 90223 008 \*\*\*150.00 1. Entity Name TROPICAL GARDENS SERVICES, INC. Mailing Address Principal Place of Business 50002969 5951 SW 157 PL 5951 SW 157 PL MIAMI, FL 33193 MIAMI, FL 33193 2. Principal Place of Business 3. Mailing Address St Na wes 4161 Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 CR2E034 (11/05) 4. FEI Number Applied For City & State 82-0545519 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Nonio and Address of New Registered Agent Name and Address of Current Registered Agent CUESTA, ROBERTO Street Address (P.O. Box Number is Not Acceptable) 5951 SW 157\_PL MIAMI, FL 33193 City / M/ 8. The above named entity submits his 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 agen SIGNATURE Signature, typed or printed name ent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND, DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. 1st ne Change **PVST** ☐ Delete TITLE TITLE AGUILAR, IVAN NAME NAME 5951 SW 157 PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP MIAMI, FL 33193 TITLE n ☐ Defete TITLE AGUILAR, IVAN NAME NAME STREET ADDRESS 5951 SW 157 PL STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP MIAMI, FL 33193 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE SMAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 SIGNATURE: OF SIGNING OFFICER OR DIRECTOR

FILED Mar 16, 2006 8:00 am

**Secretary of State**