2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000059928

TROPICAL PARADISE LAWN MAINTENANCE, INC.



Principal Place of Business

2500 HOLLYWOOD BOULEVARD

SUITE 212

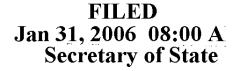
HOLLYWOOD, FL 33020

Mailing Äddress

2500 HOLLYWOOD BOULEVARD

SUITE 212

HOLLYWOOD, FL 33020





DO NOT WRITE IN THIS SPACE

01062006 No Cha-P CR2E034 (11/05)

4. FEI Number 04-3675102

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

KLAPHOLZ, JOSEPH P 2500 HOLLYWOOD BOULEVARD SUITE 212 HOLLYWOOD, FL 33020

DO NOT WRITE IN THIS SPACE

1,0221,0008,12,00020					
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 refinatating) DATE					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, 0	\$5.00 May Be Added to Fees	U00000408518 02/08/06-80062-010 150.00
10.	D. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CORVALAN, ANGELIQUE 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD, FL 33020				
TITLE NAME STREET ADORESS CITY-ST-ZIP	P CORVALAN, HUGO 2500 HOLLYWOOD BLVD. #212 HOLLYWOOD, FL 33020			.	
TUTLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		-	

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:

DILE

STREET ADDRESS CITY-ST-ZIP