## 2006 FOR PROFIT CORPORATION

## **ANNUAL REPORT**



**FILED** 

May 01, 2006 8:00 am Secretary of State 05-01-2006 90369 037 \*\*\*150.00

DOCUMENT # P02000062497

TROPICAL TOWNCARS, INC.

|   |                           |  |                |                        |              | 60 pt  | 1200             |   |                       |                     |                           |              |
|---|---------------------------|--|----------------|------------------------|--------------|--|------------------|---|-----------------------|---------------------|---------------------------|--------------|
| Principal Place of Business M           |                           |  |                | Mailing Address        |              |  | ] .              | 1 # # #                                     |                       |                     |                           |              |
| 8121 OAK PARK ROAD                      |                           |  | 8              | 8121 OAK PARK ROAD     |              |  |                  |   |                       |                     |                           |              |
| •                                       |                           |  | 0              | ORLANDO, FL 32819      |              |  |                  |   |                       |                     |                           |              |
|   |                           |  |                |                        |              |  |                  |   |                       | EIII EEIIE EIIIE II | T    01       30    18    | INNE JERNE   |
| Principal Place of Business 3.          |                           |  |                | Mailing Address        |              |  |                  |   |                       |                     |                           |              |
| 2. Finisipal riace of business 3.       |                           |  |                | . Maining Address      |              |  |                  | I MANIM TAMIR MMINI MANIN M                 | DILL BUILD BILLS II   | EII 21012 10111 101 |                           |              |
| Suite, Apt. #, etc.                     |                           |  |                | Suite, Apt. #, etc.    |              |  | 04202006         | Chg-P                                       | CRSEC                 | 34 (11/05)          |                           |              |
|   |                           |  |                |                        |              |  |                  |   | ÇINZLÜ                |                     |                           |              |
| City & State                            |                           |  | (              | City & State           |              |  |                  | 4. FEI Numb                                 |                       |                     |                           | plied For    |
| 7:-                                     |                           |  | +              | Zip Country            |              |  |                  | 75-306                                      | 2992                  |                     |                           | t Applicable |
| Zip Country                             |                           |  | '              | Zip Country            |              |  |                  | 5. Certificate                              | of Status Desired     |                     | \$8.75 Add<br>Fee Require |              |
|   | 6. Name                   | and Address of Currer                  | it Regis       | red Agent              |              |  | _                | 7. Name and Address of New Registered Agent |                       |                     |                           |              |
|   |                           |  |                |                        |              | Name   |                  |   |                       |                     |                           |              |
| ANSARI, WASEEM                          |                           |  |                |                        |              | Street Address (P.O. Box Number is Not Acceptable) |                  |   |                       |                     |                           |              |
| 8121 OAK PARK ROAD<br>ORLANDO, FL 32819 |                           |  |                | Street Address         |              |  | uuress (         | (F.O. DOX INUTIDE IS NOT Acceptable)        |                       |                     |                           |              |
| ONLANDO                                 | 7, IL 320                 | 19                                     |                |                        |              |  |                  |   |                       |                     |                           |              |
|   |                           |  |                | City                   |              |  |                  |   |                       |                     | Zip Cod                   | A            |
|   |                           |  |                |                        |              |  |                  |   |                       | FL                  | •   `                     |              |
|   | named entitions of regist | y submits this statement               | for the p      | urpose of changing its | register     | ed office or                                       | register         | red agent, or bo                            | th, in the State of F | Florida. I am       | familiar with,            | and accept   |
| the obligat                             | ions or regis             | ered agent.                            |                |                        |              |  |                  |   |                       |                     |                           |              |
| SIGNATURE_                              | _                         |  |                |                        |              |  |                  |   |                       | DATE                |                           |              |
|   | Signature, typed          | or printed name of registered age      | nt and title i | 1 applicable (NOTE     | Hegistere    | d Agent signati                                    | re required      | i wnen reinstating)                         |                       | DATE                |                           |              |
|   |                           | FFF 10 6450 00                         |                | 9. Election Campai     | an Finar     | ncina  | \$5.             | . <b>00</b> May Be                          |                       |                     |                           |              |
|   |                           | FEE IS \$150.00<br>6 Fee will be \$550 | .00            | Trust Fund Contr       |              | Ĭ  | Add              | ed to Fees                                  |                       |                     |                           |              |
| 40                                      |                           | OFFICERS AN                            | D DIBE(        | TORC                   | 11.          |  |                  | ADDITIONS                                   | CHANGES TO OF         | EICEDS AND          | ) DIDECTOR                | S INI 11     |
| 10.                                     | DPT                       | OFFICERS AIN                           | O DINEC        |                        | TITL         |  | · · · ·          | AUDITIONS                                   | CHANGES TO OF         | FIGEIS AND          | ☐ Change                  | Addition     |
| NAME                                    | MUNAWAR, ZAMAN            |  |                |                        |              | E  |                  |   |                       |                     | onanga                    |              |
| STREET ADDRESS                          | 8121 OA                   | PARK ROAD                              |                |                        | STRE         | ET ADDRESS   |                  |   |                       |                     |                           |              |
| CITY ST ZIP                             | ORLAND                    | O, FL 32819                            |                |                        | CITY         | · S1-ZIP   |                  |   |                       |                     |                           |              |
| TITLE                                   | VPD                       |  |                | ☐ Delete               | TITL         | E  | P1)              |   |                       |                     | Change                    | Addition     |
| NAME                                    | ANSARI, WASEEM            |  |                |                        | NAME ANDRESS |  |                  | ISARI, WASEEM                               |                       |                     |                           |              |
| STREET ADDRESS                          | · ·                       |  |                |                        |              | ET ADDRESS   | 81 OF DIFFERENCE |   |                       |                     |                           |              |
| CITY-ST ZIP                             |                           | O, FL 32819                            |                |                        | -            | -SI-ZIP  | OP               | UNIDO, PI                                   | - 32819               |                     | <u> </u>                  |              |
| TITLE                                   | S<br>ANSARI,              | 1.17144                                |                | ☐ Delete               | TITL         |  |                  |   |                       |                     | Change                    | Addition     |
| NAME<br>STREET ADDRESS                  | 1                         | CPARK ROAD                             |                |                        |              | ET ADDRESS   |                  |   |                       |                     |                           |              |
| CITY ST ZIP                             | l                         | O, FL 32819                            |                |                        |              | -ST-ZIP  |                  |   |                       |                     |                           |              |
| TITLE                                   |                           |  |                | ☐ Delete               | TITL         | <br>E  |                  | <del></del>                                 | ·                     |                     | ☐ Change                  | Addition     |
| NAME                                    |                           |  |                | LLJ BUIGG              | NAM          |  |                  |   |                       |                     | _ ,                       | _            |
| STREET ADDRESS                          |                           |  |                |                        | SIRE         | ET ADDRESS   |                  |   |                       |                     |                           |              |
| CITY \$1-ZIP                            |                           |  |                |                        | CITY         | -ST-ZIP  |                  |   |                       |                     |                           |              |
| TITLE                                   |                           |  |                | ☐ Delete               | TITL         | E  |                  |   |                       |                     | Change                    | Addition     |
| NAME                                    |                           |  |                |                        | NAM          |  |                  |   |                       |                     |                           |              |
| STREET ADDRESS                          |                           |  |                |                        |              | ET ADDRESS   |                  |   |                       |                     |                           |              |
| CITY ST ZIP                             |                           |  |                |                        |              | -ST-ZIP  |                  |   |                       |                     |                           | <b>—</b>     |
| TITLE                                   |                           |  |                | ☐ Delete               | TITL         |  |                  |   |                       |                     | Change                    | ☐ Addition   |
| NAME<br>STREET ADDRESS                  |                           |  |                |                        |              | EET ADDRESS  |                  |   |                       |                     |                           |              |
| CITY ST ZIP                             |                           |  |                |                        |              | -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.

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Sew are SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 04-26-06

321-303-7725

Daytime Phone #