

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000120073

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** TROPICAL TOUCH GARDENS CENTER, INC.

**Current Principal Place of Business:**

6951 SW 185TH WAY  
FORT LAUDERDALE, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

6951 SW 185TH WAY  
FORT LAUDERDALE, FL 33332 US

**New Mailing Address:**

**FEI Number:** 48-1284385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVAREZ, BERTA C  
6395 SW 136TH COURT  
K-105  
MIAMI, FL 33183 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** ALVAREZ, BERTA C  
**Address:** 6395 SW 136TH COURT K-105  
**City-St-Zip:** MIAMI, FL 33183 US

**Title:** V ( ) Delete  
**Name:** ADLER, MARIO  
**Address:** 6951 SW 185TH WAY  
**City-St-Zip:** FORT LAUDERDALE, FL 33332 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** BERTA ALVAREZ

PD

04/29/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date