

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 036 ***150.00

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1. Entity Name
TROPICAL OASIS POOL & SPA, INC.



Principal Place of Business
**4721 S.W. 142ND COURT
MIAMI, FL 33175**

Mailing Address
**4721 S.W. 142ND COURT
MIAMI, FL 33175**

40043639



2. Principal Place of Business - No P.O. Box #
7900 SW 145 Ave
Suite, Apt. #, etc.

3. Mailing Address
7900 SW 145 Ave
Suite, Apt. #, etc.

03212007 Chg-P CR2E034 (12/06)

City & State
Miami

City & State
Miami

4. FEI Number
20-0938130

Applied For
☐ Not Applicable

Zip
33183

Country
Dade

Zip
33183

Country
Dade

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PUIG, WILSON
4721 S.W. 142ND COURT
MIAMI, FL 33175**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7900 S.W. 145 Ave

City

Miami

FL

Zip Code
33183

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
PUIG, WILSON
4721 S.W. 142ND COURT
MIAMI, FL 33175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**7900 S.W. 145 Ave
Miami, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/21/07 (305) 798-3304