

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90062 042 ***150.00

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02022006 Chg-P CR2E034 (11/05)

DOCUMENT # P04000073162 1. Entity Name TROPICAL CUTS IRRIGATION, INC.					
Principal Place of Business 1311 NW 2ND STREET HOMESTEAD, FL 33030			Mailing Address 1311 NW 2ND STREET HOMESTEAD, FL 33030		
2. Principal Place of Business 1311 N.W. 2nd Street Suite, Apt. #, etc.		3. Mailing Address 1311 N.W. 2nd Street Suite, Apt. #, etc.		4. FEI Number 20-1088152 Applied For <input type="checkbox"/> Not Applicable	
City & State Homestead FL		City & State Homestead FL			
Zip 33030		Country Dade			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent GUEST, JAMES M JAMES M GUEST, CPA, P.A. 15600 S.W. 288 ST SUITE 401 HOMESTEAD, FL 33033			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PEREZ, ANA 18765 SW 316 TERRACE HOMESTEAD, FL 33030 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: ANA L. Perez			2/3/06 305-505-1912		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		