

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 12, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90164 022 \*\*\*155.00

DOCUMENT # P05000133852

1. Entity Name  
TROPICAL PIZZA INC.



Principal Place of Business

2683 WEST 52 ST  
HIALEAH, FL 33016

Mailing Address

2683 WEST 52 ST  
HIALEAH, FL 33016

66018328



2. Principal Place of Business  
Tropical Pizza Inc

3. Mailing Address  
The Same

Suite, Apt. #, etc.  
7250 W 24 Ave

Suite, Apt. #, etc.  
The Same

City & State  
Hialeah - FL

City & State

Zip  
33016

Country  
Honduras

Zip

Country

05242006

Chg-P

CR2E034 (11/05)

4. FEI Number  
34-2057600

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANTOS, ARMANDO  
2683 WEST 52 ST  
HIALEAH, FL 33016

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SANTOS, ARMANDO  
STREET ADDRESS 2683 WEST 52 ST  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE D ☐ Delete  
NAME LARA, MARIEBEL  
STREET ADDRESS 2683 WEST 52 ST  
CITY-ST-ZIP HIALEAH, FL 33016

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/06 786-208-9236