


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90194 036 \*\*\*150.00

<b>DOCUMENT # P07000002086</b> 1. Entity Name <b>TROPICAL OUTDOORS POOL SERVICE, INC.</b>					
Principal Place of Business <b>8591 NW 186TH STREET SUITE 133 MIAMI LAKES, FL 33015</b>			Mailing Address <b>8591 NW 186TH STREET SUITE 133 MIAMI LAKES, FL 33015</b>		
2. Principal Place of Business - No P.O. Box # <b>15476 NW 77 Ct</b> Suite, Apt. #, etc. <b>Suite # 168</b> City & State <b>MIAMI LAKES, FL</b> Zip <b>33016</b>		3. Mailing Address <b>15476 NW 77 Ct</b> Suite, Apt. #, etc. <b>Suite # 168</b> City & State <b>MIAMI LAKES, FL</b> Zip <b>33016</b>		4. FEI Number <b>20-8163483</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NEGRON, HECTOR 8591 NW 186TH STREET SUITE 133 MIAMI LAKES, FL 33015</b>				7. Name and Address of New Registered Agent Name <b>Hector Negron</b> Street Address (P.O. Box Number is Not Acceptable) <b>15476 NW 77 Ct #168</b> City <b>MIAMI LAKES, FL</b> Zip Code <b>33016</b>	
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>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEGRO, HECTOR 8591 NW 186TH STREET, SUITE 133 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hector negron 15476 NW 77 Ct, Suite #168 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABRAL, DAGOBERTO 8591 NW 186TH STREET, SUITE 133 MIAMI LAKES, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAGOBERTO CABRAL 15476 NW 77 Ct, Suite #168 MIAMI LAKES, FL 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date: _____ Daytime Phone # _____</small>					