

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000077928

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** TROPICAL PLUMBING & AIR CONDITIONING SERVICES, INC.

**Current Principal Place of Business:**

2409 NW 7TH STREET  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

6309 BENGAL CIRCLE  
BOYNTON BEACH, FL 334237 UN

**Current Mailing Address:**

2409 NW 7TH STREET  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

6309 BENGAL CIRCLE  
BOYNTON BEACH, FL 33437 UN

**FEI Number:** 32-0318860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRESSLOER, ELLIOT  
6278 NORTH FEDERAL HIGHWAY  
501  
FORT LAUDERDAL, FL 33308 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DEL ROSARIO, FREDDY  
Address: 6309 BENGAL CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437 UN

I hereby 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 all other like empowered.

SIGNATURE: FREDDY DEL ROSARIO

P

05/01/2012

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

\_\_\_\_\_  
Date