


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000050078

1. Entity Name
P&R TROPICAR ENTERPRISES, INC.



Principal Place of Business Mailing Address

520 SO. DIXIE HWAY **520 SO. DIXIE HWAY**
HOLLYWOOD, FL 33020 US **HOLLYWOOD, FL 33020 US**

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0414272 Applied For
Not Applicable

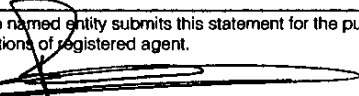
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

DE LA ROSA, REINALDO
520 SO. DIXIE HIGHWAY
HOLLYWOOD, FL 33020

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IN THIS SPACE**

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:  **REINALDO DELANO SA** **1-3-07**
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

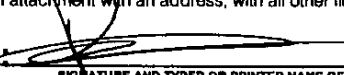
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUCALUK, PAUL D
STREET ADDRESS	6920 S.W. 16TH STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33023
TITLE	D
NAME	DE LA ROSA, REINALDO
STREET ADDRESS	10660 NW 21 CT
CITY-ST-ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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01/09/07-80007-005 150.00

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:  **REINALDO DELANO SA** **1-3-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #