

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000072003

1. Entity Name  
TROPICAL RESTAURANT & SPORTS CAFE, INC.



Principal Place of Business  
7100 PINES BLVD  
PEMBROKE PINES, FL 33024

Mailing Address  
10857 CHARLESTON PLACE  
COOPER CITY, FL 33026



03112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0857906

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ANDERSON, NAVINDRA  
10857 CHARLESTON PLACE  
COOPER CITY, FL 33026

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

1000000273321  
03/23/05-80021-009 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ANDERSON, NAVINDRA
STREET ADDRESS	10857 CHARLESTON PLACE
CITY - ST - ZIP	COOPER CITY, FL 33026
TITLE	D
NAME	ANDERSON, ISHWAR P
STREET ADDRESS	2759 ARROWWOOD COURT
CITY - ST - ZIP	DAVIE, FL 33328
TITLE	D
NAME	ANDERSON, KARRAN
STREET ADDRESS	134-36 N.W. 5TH COURT
CITY - ST - ZIP	PLANTATION, FL 33325
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: H. Anderson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-19-2005 954-434-3311  
Date Daytime Phone #