


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90445 042 \*\*\*150.00

<b>DOCUMENT # P98000072003</b> 1. Entity Name <b>TROPICAL RESTAURANT &amp; SPORTS CAFE, INC.</b>					
Principal Place of Business <b>7100 PINES BLVD PEMBROKE PINES, FL 33024</b>			Mailing Address <b>10857 CHARLESTON PLACE COOPER CITY, FL 33026</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>2863 Birch Terrace</b> Suite, Apt. #, etc.		
City & State _____			City & State <b>DAVIE, FL</b>		
Zip _____		Country _____		4. FEI Number <b>65-0857906</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>ANDERSON, NAVINDRA 10857 CHARLESTON PLACE COOPER CITY, FL 33026</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>2863 Birch Terrace</b> City <b>DAVIE</b> <b>FL</b> Zip Code <b>33330</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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, must be printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, NAVINDRA <del>10857 CHARLESTON PLACE</del> <del>COOPER CITY, FL 33026</del> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2863 Birch Terrace</b> <b>DAVIE, FL 33330</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ISHWAR P 2759 ARROWWOOD COURT DAVIE, FL 33328 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, KARRAN 134-36 N.W. 5TH COURT PLANTATION, FL 33325 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Navindra Anderson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			04-19-2006 454-581-0338 Date Daytime Phone #		

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